

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

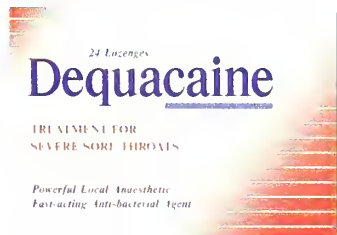


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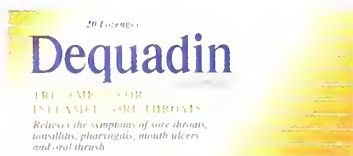
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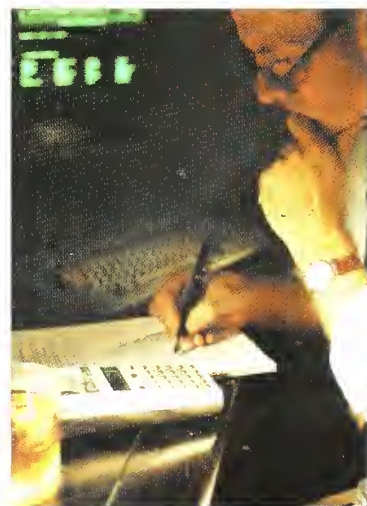
PSNC critical of New Year 'extra script' schemes

*Pharmacists team
up with GPs in
Scottish Borders*

*Herbal medicine in
a new millennium*

*API granted judicial
review of PPRS*

*Free outdoor neon
green cross on offer
to 8,000 pharmacies*



*Update: letting off
steam to help stress*

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A cartoon illustration of a man with brown hair, wearing a yellow shirt and a striped tie, smiling broadly with his arms outstretched. He is surrounded by various floating icons: a blue mobile phone, a yellow drink with a straw, a burger, a pair of white sneakers, a red passport with a yellow star, a white airplane, and a glass of yellow wine.

**12
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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 252 No 6215 140th YEAR OF PUBLICATION ISSN 0009-3033

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COMMENT

To effect change you need to be involved. It's a self-evident truth that is brought home twice in this issue. The first ever conference for the Society's pharmacy development groups (p28) was told that influencing local strategic decisions and 'selling pharmacy' to local decision makers are key objectives. Georgina Craig, from the NPA, argues that pharmacists can offer more to primary care groups than just prescribing advice (p30). She also points out that the best way to counter potential threats is to influence decisions before it is too late. This is particularly relevant to community pharmacists, as a number of PCGs are looking to convert to trusts next year. These trusts have the potential to shake up the supply of prescription medicines to the public as nothing else has done in the past 50 years. There are at present 19 PCGs (out of 480) in England bidding for trust status from next April, and the consultation period ends this month. PCGs have not excited much public interest, and PCTs are unlikely to be any different - until, that is, the familiar ways of doing things start to change locally, but by then the decisions will have been made. The BMA is demanding that any trust proposal must have the blessing of two thirds of local GPs in a ballot with a minimum 80 per cent turn out. What influence will local pharmacy contractors have on their PCG's decision? Will they even be asked? With the shortages of generic drugs hitting local drug budgets, the government committing itself to act on the 'lottery of care' over the provision of some drugs (a euphemism for rationing), and PCGs and their ilk barely out of their nappies, it could be a rocky ride for those moving onto the first rung of the ladder.

Criticism of scripts scheme

Steven Axon (right) of PSNC says advice given to GPs is totally contrary to guidelines issued by NHS Executive

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Pharmacists can offer more to local commissioning groups and should get involved, says Georgina Craig



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Judicial review expected to take place before Easter 2000 - DoH has 56 days to collect evidence

Free neon green crosses for pharmacies

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Illuminated outdoor signs, developed by NPA and a retail specialist, can be used to advertise brands



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BUSINESS PRESS

NICPPET receives National Training Award

The Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training has been recognised as one of the UK's leading training organisations, by winning a National Training Award.

NICPPET and the Eastern Health and Social Services Board were among the nine winners who received their Award at Belfast City Hall. There were 800 entrants from across the country.

The award-winning programme trained pharmacists to work in GP practices, where they advised on prescribing issues. Training consisted of live workshops, self-study courses and mentoring. The 12-month pilot resulted in a four-fold increase in generic prescribing and savings of £2 million per practice per year.



Dr Colin Adair, assistant director, NICPPET (right), receiving the National Training Award from Lord Deering, chairman of the Award scheme

Female drug abusers' leaflet produced

The winner of last year's Glaxo Wellcome/Chemist & Druggist Practice to People award has used her prize money to produce a leaflet aimed at female drug abusers.



Extra millennium scripts scheme criticised by PSNC

GPs in two areas of the country are being advised to issue patients with two repeat prescriptions to cover the New Year period, in a bid to prevent supply problems.

The advice is "totally contrary" to guidelines issued by the NHS Executive and Year 2000 Pharmacy Alliance, said Steve Axon, secretary of the Pharmaceutical Services Negotiating Committee. That advice was that it should be "business as usual" over the millennium, and this is also PSNC's advice.

All pharmacists and GPs in the East Yorkshire and Birmingham areas received a joint letter from their local pharmaceutical committee and local medical committee advising them of the proposals at the end of September.

GPs were advised to issue two repeat prescriptions, but only from November onwards for monthly prescriptions and from October onwards for those issued every two months.

The prescriptions should be for the usual quantity and not post-dated. GPs are asked to advise patients to take both prescriptions to the pharmacy at the same time.

Pharmacists should dispense the first prescription and advise the patient when to collect the second. This should be shortly before the first supply is due to run out. The guidelines only apply to reliable adult patients, and not to temporary residents, Controlled Drugs, or short-term repeats. In both areas, the health authority is backing the guidance.

The guidelines should prevent GPs issuing prescriptions for three or six months' supply to cover the holiday, said Gareth Spurgin, chairman of Birmingham LPC. They should avoid stock problems, extra calls on doctors' time, and the local out-of-hours service is pleased with the scheme. "We were happy because we could stagger our orders and not lose out financially," he

said. The scheme is part of the health authority's winter planning document. He pointed out that the guidelines were distributed at the end of September, before official guidance was issued.

The guidelines are "illogical and ill thought-out", and pharmacists could be contravening their terms of service if they do not dispense the second prescription with reasonable promptness, said Mr Axon. "It will exacerbate problems, rather than solve them," he said. Patients could abuse the system by taking their prescriptions to two different pharmacies, he pointed out.

Advice issued in October's *PPA Matters* was not from the Prescription Pricing Authority, but was issued on behalf of the NHS Drug Chain Supply Working Group, said a PPA spokesperson. This advice has not been contravened, she believes, as its main thrust is that patients should order repeat prescriptions well in advance.

New definition of generic shortages issued

The Department of Health has redefined a generic shortage as two weeks' stock in the supply chain instead of the present four weeks' supply.

This means that drugs will remain as category D for a shorter time, which the DoH hopes will stabilise supplies and prices.

The Pharmaceutical Services Negotiating Committee has agreed to the change, which the Department hopes

to implement as soon as possible. "It shouldn't make much difference to contractors," general secretary Stephen Axon told *C&D*. "We're concerned more about what is going into category D rather than what is coming out."

PSNC is asking the Department to make sure pharmacists have sufficient notice of category changes.

The new definition resulted from the recent House of Commons Health Select Committee inquiry into generic shortages (*C&D* last week, p50), when it emerged that wholesalers did not

stock as much as four weeks' supply of medicines. Two weeks was considered a more realistic figure.

● If contractors report a shortage of a generic at the *Tariff* price, PSNC checks with a "basket" of five suppliers - the manufacturers Cox, Norton and APS, and the wholesalers AAH and UniChem - and tells the Prescription Pricing Authority. The PPA classifies the generic as Category D, where it stays until it is available again. Changing the definition of shortage to two weeks' supply will facilitate quicker access from category D.

Launch of smoking cessation scheme for COPD patients only

A smoking cessation scheme aimed at COPD sufferers has been launched in Pembrokeshire.

A GP surgery in Milford Haven has offered the service to its 23 smoking patients with COPD. Interested patients make an appointment for a surgery-based clinic with the local Lloyds pharmacist. The service has been taken up by six patients, but has funding for 12.

The scheme has £3,500 worth of funding from Pembrokeshire local health group, as a result of a joint bid by the doctors and the pharmacy. The pharmacist, Don Wilks, and the GPs are

receiving £30 per hour for their services.

Appointments, which all take place on Wednesday afternoons, include advice on smoking cessation and NRT, as well as spirometry tests to measure lung function. Mr Wilks recommends the most suitable form of NRT and the patient is free to purchase this from any pharmacy. Patients are reimbursed by the scheme for half the cost of their first two weeks' supply.

Each patient is followed up five weeks later and referred to a group session also run as part of the service. The scheme will run for six months.

Herbal medicine was the topic under treatment at a C&D seminar, sponsored by Höfels and held last Thursday in Watford. An invited audience heard presentations from leading experts and regulators. Speakers included Simon Mills (second left), chairman of the British Herbal Medicines Association, secretary to the European Scientific Co-operative on Phytotherapy and director of the Centre for Complementary Health Studies at Exeter University; Dr Tieraona Low Dog (centre), a medical doctor and university lecturer who sits on the board of the US Pharmacopeia; Kate Addison (second right), category manager for Höfels; and Paul Brittain (right), herbal policy co-ordinator at the Medicines Control Agency. The seminar was chaired by C&D editor Patrick Grice (left).



Tight deadline for APCCs

The three new pharmaceutical care schemes in Scotland announced last week (C&D Nov 13, p4) are unlikely to be underway before January.

Scottish Pharmaceutical General Council chairman George Romanes is acutely aware that area pharmaceutical contractor committees are going to have to act fast to ensure the funding in this year's budget is taken up.

"Most money this year will go on setting up the schemes and training those who will be involved," he says.

Writing to contractors this week, he says that although the £500,000 earmarked for the schemes is not large it will be subject to any negotiated uplift for next year and should allow quality pharmaceutical services to emerge locally. He will also be looking for the funding to remain ring-fenced.

● The *Evening News* picked up on Scottish health minister Susan Deacon's proposal that patients who don't pay prescription charges could get free OTCs from the pharmacy (C&D Nov 13, p48).

Most Borders GP practices have a pharmacist in the team

More than half the pharmacy contractors in the Scottish Borders Primary Care Trust area have been accredited by the Scottish College of Pharmaceutical Post-qualification Education to work with GP practices.

Of the 26 pharmacists who began the SCPPE course, 15 are now accredited. "The vast majority" of the Borders' 22 GP practices now have a local community pharmacist working with them, said John Turner, chief executive of the Borders Primary Care Trust. This is a "fantastic response", said George Romanes, chairman of the Scottish Pharmaceutical General Council, and

one of the newly accredited pharmacists.

"We have community pharmacists who have the very latest and, I believe, very best education and training to enable them to work with the primary care team," said Mr Turner, who presented the accredited pharmacists with their certificates last Tuesday. It is the first scheme of its type in Scotland, he said.

The SCPPE course includes training on a wide range of subjects including clinical matters and negotiating skills. It began two years ago under the aegis of the Borders Health Board and these

are the first pharmacists to be accredited.

Accredited pharmacists are now working with local practices on matters such as cost-effective prescribing and formulary development. They meet regularly as the 'Borders Prescribing Group' to discuss prescribing issues.

The Trust "inherited" the scheme from the Health Board on April 1, but Mr Turner said it "plays right into the heart of the Primary Care Trust's agenda". It consolidates links between local primary healthcare teams and their local community pharmacists, he said. While the scheme is in the interest of good prescribing management, it is also in the interests of "joined up working" in primary care.

Still some generics in short supply

Although the number of generic lines going into short supply is slowing down, products that are difficult to obtain are still being notified by both the SPGC and PSNC.

Over 100 lines remain in category D in the November *Drug Tariff* for England and Wales. In addition to cod liver oil (2 litre) and oxybutinin 2.5mg tabs (56s and 84s), PSNC is notifying contractors that the following items have been added to Category D for November, but are not listed in the *Tariff*:

Bisacodyl 5mg tabs (1,000), pyri-

doxine 50mg (28s and 500s), diamorphine 5mg injec (5), and pilocarpine eyedrops 0.5 per cent (10ml).

In addition to last week's list (C&D Nov 13, p6) the SPGC is advising Scottish contractors that the Pricing Division will accept pharmacists' endorsements of manufacturer/pack size against the following items dispensed in November:

Isosorbide dinitrate 10mg and 20mg tabs, metformin tabs 500mg and 850mg, metoprolol tablets 50mg, sulphasalazine 500mg and e/c 500mg tabs, and verapamil 40mg tabs.

IN BRIEF

N Ireland August statistics

There were 1,773,004 items dispensed from 1,026,147 prescription farms in Northern Ireland in August. The ingredient cost was £19.20 million (£17.95m net). Discount was £1.242m, with ancist and other payments totalling £2.857m. The gross cost was £20.81m (£20.19m net). Gross cost per prescription was £11.7372 with ingredient cost £10.8265. The net ingredient cost per prescription was £10.1258.

Scottish statistics for July

There were 4,817,201 prescriptions dispensed in Scotland in July, 4,807,857 by chemist contractors, at a total cost to the Exchequer of £52,444,926. For chemist contractors, the ingredient cost per prescription was £9.9713, dispensing fees were £0.9496 with a professional allowance of £0.3445 and ancist of £0.15. The gross total per prescription was £11.3983 or £10.7636 net. The average CD fees cost per prescription was £0.0683.

Disallowed SLS scripts reissued

Scottish Pharmacists can ask prescribers to re-issue prescriptions for preparations for erectile dysfunction on the SLS list, which have not been reimbursed because they did not carry the 'SLS' endorsement. If doctors use a stamp to mark 'SLS' on any prescription, they must sign by the stamp, or the prescription will be disallowed, according to SPGC.

NPF 1999-2001 published

The *Nurse Prescribers' Formulary 1999-2001* has replaced the 1998 edition. Compiled by the BNF team and published by the Pharmaceutical Press, the NPF is for use by appropriately qualified nurse prescribers with district nurse or health visitor qualifications.

Food Bill gets Royal Assent

Royal Assent has been given to the Bill to set up the Food Standards Agency. The Agency will be a UK body taking a strategic view of food safety and standards across the whole food chain.

NICPPET launches Smoking Challenge 2000

The Northern Ireland Centre for Postgraduate Education and Training is launching the Pharmacy Smoking Challenge 2000 in the New Year.

The Challenge will demonstrate pharmacists' activity in promoting health, show the profession's support for Government policies and provide smokers with an easily accessible source of good quality advice.

Training and support material for the Challenge will include counselling

material, a training programme and leaflets. This will only be available to those pharmacists taking part in the programme.

The second stage of the project will involve a series of evening workshops.

All community pharmacies in the Province have been notified of the challenge by letter. Those wishing to take part must complete an attached form.

Counterprescribing guidance on way

The Royal Pharmaceutical Society should develop draft guidelines on counterprescribing, it was decided at this month's meeting of Council committees.

The aim would be to ensure consistency and quality of advice in community pharmacies, taking account of likely developments over the next five years such as pharmacist prescribing.



NPA offers packs to help with HImPs

The National Pharmaceutical Association has produced five new resource packs to help community pharmacists respond to local health improvement programmes.

The 'health improvement frameworks' focus on the government's main health target areas - smoking, cancer, coronary heart disease and stroke, mental health and accidents. They include detailed descriptions of service development options, examples of good practice, performance indicators and recommended background reading.

The aim is to help pharmacists contribute constructively to local strategy development, says Georgina Craig, the NPA's head of professional development. "We designed the frameworks so that they were not only flexible enough to adapt to local needs, but were also able to provide our members with all the evidence of good practice and the key policy documents that are available."

The frameworks are available free from the NPA's professional development department.

The next step might be for pharmacists to develop local counterprescribing policies or formularies.

The Practice Committee felt the guidance should acknowledge the professional responsibility and personal accountability of the pharmacist in charge. It should try to achieve a balance between the need for an easily implemented practical process and the need for quality assurance and risk management.

The Committee agreed that the practice division should liaise with the professional standards directorate in producing draft guidance to consider at a future meeting.

The Practice Committee also endorsed proposals for research that would assist the Society in its talks on the skill mix in community pharmacy. The proposals were made in a paper from the practice research unit.

The Committee said it felt there might be a need to consider fundamental questions about changing

working methods. There would have to be benefits for patients, the public and pharmacists, including contractors. Clinical and business aspects would have to be considered, as well as the legal requirements for a pharmacist to remain in the pharmacy.

It was acknowledged that current information on work practices was largely anecdotal. A mapping exercise would provide a baseline for developing models for re-engineering work processes. Information would also be needed about the factors affecting pharmacists' willingness to innovate and adopt new practice models.

Human rights The professional standards directorate is examining the significance for the Society of the Human Rights Act 1998, due to come into force on October 2, 2000. The Act creates no new rights, but will give litigants a new way in which to challenge the procedural rules of public bodies such as the Society. The Law and Ethics Committee noted that the Society's

rules, such as registration requirements and disciplinary processes, had long been subject to the Human Rights Convention, but there was a need to examine them in detail to ensure there were no risk areas.

Oxygen therapy The Society is to welcome a Royal College of Physicians report on domiciliary oxygen therapy, which offers clinical guidelines for prescribers. The response will suggest a community pharmacy input into developing the proposed domiciliary record form for oxygen patients.

Sale of goods by quantity The Society is to seek confirmation from the Department of Trade and Industry that proposals to modernise the law on sale of goods by quantity would not affect medicines. The proposals could affect the sale and supply of non-medicinal chemicals from pharmacies.

GM material Council is to consider a draft paper in December on genetically-modified materials in pharmaceuticals.

Idea for faculty of prescribing support pharmacists

Creating a special faculty for prescribing support pharmacists could help provide a unified voice for "a very influential new group of professionals in the NHS", believes Clive Jackson, director, National Prescribing Centre.

Prescribing advisers have the potential to be a powerful force in shaping health care and delivering wider pharmaceutical care, he told an NPC conference in London on Tuesday. A strong, co-ordinated professional network would enable these pharmacists to influence national as well as local policy.

A new faculty could be developed through the College of Pharmacy Practice, which is already considering setting up faculties for specialist pharmacists. A possible name might be the Faculty of Pharmaceutical Prescribing Science and Management. It could:

- provide a professional focus for national activities, similar to the royal medical colleges
- work on maintaining competencies, accrediting training and education
- fill gaps in training.
- be a national voice in policy development.

Anyone interested in the idea of a faculty should write to Clive Jackson at the NPC, The Infirmary, 70 Pembroke Place, Liverpool L69 3GF (fax: 0151 794 8139).



Clive Jackson, NPC director

Advertising review panel members announced

Membership of the new independent review panel, set up to review Medicines Control Agency decisions on breaches of medicines advertising regulations (see *C&D* November 13, p8), has been announced.

The three-person panel will be chaired by a solicitor, James Watt, supported by one lay member and one pharmacy or medicine expert. The 11 members will serve a three-year term.

The eight expert members include John Ferguson, former secretary of the Royal Pharmaceutical Society; Dr Sheila Stevens, RPSGB, and Professor George Veitch, chairman of the College of Pharmacy Practice.

Durham ban on Temgesic prescribing

Durham Health Authority has imposed a voluntary ban on Temgesic prescribing in an attempt to stop the drug's sale on the black market.

Doctors with patients for whom there is no suitable alternative are being asked to work closely with pharmacists to ensure that supplies are still stocked. The choice of analgesic is being left to doctors because they know what individual patients have tried in the past, says pharmaceutical adviser Anne Everden.

The ban follows talks with police about the increasing misuse of the drug. "There have been several arrests," Ms Everden told *C&D*. "A common fac-

tor was that supplies had been obtained through legitimate prescriptions but the drug had ended up on the streets."

The ban, which started this month, has been publicised to help prevent pharmacy break-ins and to protect GP and pharmacists from customers who might become upset or violent.

Discussions were held with the local pharmaceutical committee and pharmacists were warned in August to run down their stocks. Ms Everden said there should be no need to consider refunds for remaining stocks as some doctors will still be prescribing the drug.

The rate of change is e-mazing!

From the Prime Minister to primary school children, everyone is getting into the internet. The potential for e-business is huge. There have been reports circulating for ages on the impact of 'new technology' and how it will affect our lives. Now it's a reality and the rate of change is e-mazing.

Yet within the pharmacy sector the term 'new technology' has long been redundant, as most of us have been reliant on computers for years. To us it's a way of life.

But take a look at the tabloid press. Pages of advertisements for home computer systems, most of them sufficiently powerful to run a medium-sized space rocket (remember Apollo 13?). There are already millions of homes that have a computer. After this Christmas there will be millions more and the internet is waiting with open arms.

Have you noticed how many television, radio and print advertisements have references to web sites and e-mail addresses? Indeed, there are an increasing number which are just promoting web sites that offer an amazing array of products and services.

Now you may be thinking this is all

"Pharmacy should embrace the opportunity of e-business"

very well for 'ordinary items of commerce'. It will have little effect on medicines. If you think that, you would be making a serious strategic error.

What happens in the US nearly always happens here, eventually. The latest figures there indicate that 13.6 per cent of annual drug expenditure is via mail order. This could easily be transferred and grown via internet purchase.

As in the UK, repeat prescriptions in the US form the majority of prescribing. The supply chain efficiencies and subsequent cost savings that could be achieved are not difficult to imagine.

Pharmacy should embrace the opportunity of e-business and search for new ways to provide an even better service to its customers. After all, all you need is a web site and a computer and pharmacists have been working with computers for years.

If you want a glimpse of the future, visit www.cornerdrugstore.com.

Written by a senior industry manager

Xrayser

Topical Reflections

Where is the quid pro quo?

Speaking at the IPMI Conference in Gloucester, Sheila Kelly, director of the Proprietary Association of Great Britain, delivered some contradictory pointers for the future of community pharmacy (C&D November 13, p44).

On the one hand she suggested that new lifestyle drugs should be launched direct to the public as Pharmacy medicines, but then supported the switch of P medicines with proven safety to the General Sales List.

Where this leaves me I do not know, other than awash with contradictions! I would be delighted to spend time training to sell these new lifestyle drugs. Equally I am pleased that my professional role has at last been recognised by my inclusion in the yellow card adverse drug reaction reporting scheme.

But these professional responsibilities are incompatible with the threat of the removal of resale price maintenance on medicines, and the increased competition from non-pharmacy outlets that any switches to 'GSL' inevitably produces.

The regulatory authorities and the PAGB cannot have their cake and eat it. If pharmacy is perceived as being the rightful place within which to develop responsible self-medication, then political decisions have to be taken to ensure that that role can be developed in an environment of practice security.

RPM must be retained and most OTC drugs restricted to Pharmacy-only sale. I know that the restricted sales of medicines is anathema to the industry, but in return I will actively promote any drugs that produce genuine improvements in patient care, enthusiastically invest time in further training and confidently seek those new professional opportunities that so many politicians assure me are mine for the grasping!

Feeling confused over Losec

What is Astra Zeneca playing at? In a desperate attempt to retain the world's number one drug selling spot, the company hit on the clever ruse of introducing Losec MUPS tablets as a patented advance and at the same



time discontinued the original capsule version.

However, we are now told that the changeover has not gone smoothly and to avoid problems with prescription endorsement the capsules are to be re-introduced. Confusion is what I predicted (Xrayser October 9) and confusion is what we now most definitely will have.

If MUPS is such a technological advance, then the transitional confusion should be worth the effort but if it is not, why was it introduced at all!

New schemes in Scotland – how will the money divide up?

So now Scottish contractors know how £500,000 of their 3.5 per cent global sum settlement will be paid (C&D November 13, p4). It will be paid to those pharmacies that are able to provide one, two or all three defined pharmaceutical care schemes.

By their very nature these services will not be suitable for all pharmacies, but in order to benefit from a portion of the £500,000, all pharmacies presumably must participate?

I do not consider that redistributing the global sum in a selective fashion is a fair way for pharmacists to be encouraged to participate in

pharmaceutical care initiatives. At the moment it may only be a tiny proportion of the global sum that is involved, but it is also the thin end of the wedge.

Once the principle of redistribution has been accepted, then ever larger portions will be allocated, which would be to the disadvantage of those contractors unable to provide the agreed services.

So far England and Wales have steadfastly resisted the divisive temptation to use global money, which to some has meant that the Scots are moving forwards at a faster rate. However, the danger is that the weak will be sacrificed to a system that will only benefit those finding favour at a local level and where accusations of favouritism could quickly sour professional relationships.

Payment for extended pharmaceutical care services is essential for the evolution of community pharmacy, but it cannot be at the expense of weaker contractors. It also cannot be at the total expense of the global sum, but must be front loaded with new money by an NHS Executive who may then reasonably request a complementary contribution from our global sum.

Then, and only then, can a comprehensive range of care services be negotiated, some of which can be offered by all contractors, no matter what their size or local status is.

Yellow Card Scheme extension targets OTCs and herbals

The extension of the Yellow Card Scheme to community pharmacists will open up greater opportunities for detecting adverse reactions for OTC drugs and herbal therapies.

Dr June Raine, director of the Post-Licensing division at the MCA, who presented the results of the pilot scheme into ADR reporting by community pharmacists, said reporting for OTCs and complementary/herbal remedies has been an area of concern.

However, the pilot saw much greater reporting for this area by community pharmacists compared to GPs. "Community pharmacists are at the forefront of self-selection and alternative/complementary therapies so pharmacists are ideally placed to spot ADRs," she said.

The extension of reporting to community pharmacists will also expand the reporter base, with more high quality Yellow Cards being submitted. In addition, the scheme will encourage patients to discuss suspected adverse reactions with their pharmacist.

Pharmacists are being strongly urged to discuss any ADRs with the patient's GP before a Yellow Card is submitted. RPSGB president Christine Glover said the inclusion of community pharmacists presented an opportunity for greater multidisciplinary collaboration.

"Involvement with ADR reporting offers community pharmacists a unique opportunity to become involved in patient care ... We strongly recommend that they discuss the case with the patient's GP before sending a Yellow Card."

The chairman of the Committee on Safety of Medicines, Professor Alasdair Breckenridge, said: "I have no doubt that community pharmacists will have the full support of my GP colleagues and I have every expectation that they will make an important contribution to the monitoring of drug safety."

Details of the Yellow Card Scheme were rolled out to community pharmacists last week by the MCA and the CSM. Workshops on ADR reporting have been organised by the Centre for Postgraduate Education and their equivalents in Wales, Scotland and N Ireland.

Pharmacists are being asked to:

- report all serious suspected reactions for established drugs and vaccines
- focus on areas where there is limited GP reporting, ie P and GSL medicines and herbal products
- obtain Yellow Cards from the back of the BNF or the MCA's web site: www.open.gov.uk/mca/mcabome.htm
- for any queries contact the National Yellow Card Information Service on 0800 731 6789.

Patients urged to 'think before repeats'

Patients in Somerset are being asked to think twice before getting repeat prescriptions dispensed.

The message has been appearing for over a month on posters in pharmacies, GP surgeries and hospitals, and on stickers on prescription bags. Patients are being urged not to stockpile medicines, but to contact their pharmacist as soon as they have concerns about a medicine or feel it is no longer needed. A press release explains that pharmacists cannot re-use medicines that may have been tampered with or stored incorrectly.

It is too early to tell whether the campaign has had an impact on the

public, says Somerset Health Authority's pharmaceutical adviser Peter Graham. There are no formal repeat dispensing schemes in the county, but an "inequivalence" referral scheme encourages GPs to prescribe amounts that relate to the same time period. The latest campaign, which has had local television and radio coverage, aims to communicate the need for patients to take responsibility for their own medicines and not waste them.

In the past year, more than £1 million worth of unwanted medicines have been returned to pharmacies in Somerset - the equivalent of 260 hip replacement operations.

Hampstead pharmacy wins Zest award

A pharmacy in Hampstead Village in North London has won the 'Zest for Life Pharmacy of the Year' award in the independent category.

Mr Jack Weiner, who has run his pharmacy at Rosslyn Hill in Hampstead since 1982, was delighted to receive the award, but has no idea

who nominated him. The award was collected on his behalf by his wife Shelley Weiner as he was working at his pharmacy, showing the dedication to customers that earned him the award.

Now in its second year, the awards given by *Zest*, a consumer health and beauty magazine, are intended to recognise and reward people and products that have made a significant contribution to health and wellbeing.

Superdrug was awarded pharmacy of the year in the multiple category because of its range of customer initiatives, such as its free blood pressure monitoring service and Health Awareness Week advice clinics for diabetes, cancer and asthma.



Zest editor Eve Cameron (left) presents the award to Shelley Weiner

Pharmacist is part of winning menopause team

A specialist pharmacist is part of a team that has won an award for female healthcare in the 1999 *Hospital Doctor* Awards.

Nuttan Tanna, specialist pharmacist research fellow in the menopause team at North West London Hospitals NHS Trust, has helped develop a liaison between primary and secondary care and has worked in clinical practice as part of a multidisciplinary team.

She used her PhD project, 'Evaluation of the role of the specialist menopause pharmacist', to provide the evidence-based practice necessary for the project.

The winning project also included

an advice hotline, joint education programmes and a multilingual GP associate specialist. The use of a patient-held, shared care record card has reduced inappropriate follow-up.

Female healthcare was one of 12 categories each awarded a prize of £5,000 for high standards of patient care and innovation in hospital practice.

Ms Tanna was not the only pharmacist to be recognised in the awards. David Taylor, chief pharmacist at the Maudsley Hospital, was a member of the winning team in the psychiatry section. This project included the production of a handbook on prescribing guidelines for psychotropic medication.

NICOTINELL® TTS 10, 20, 30. All contain

nicotine. **Presentation:** Transdermal Therapeu

System containing nicotine, available in three si

(30, 20 and 10cm²) releasing 21mg, 14mg a

7mg of nicotine respectively over 24 ho

Indications: Treatment of nicotine dependence

an aid to smoking cessation. **Dosage c**

Administration: Stop smoking completely w

starting treatment. For those smoking more tha

one Nicatinell TTS30 (Step 1) patch once a

applied to the skin. Those smoking less shoul

with one Nicatinell TTS20 (Step 2) once daily. S

30, 20 and 10cm² permit gradual withdraw

nicotine replacement, using treatment perio

3-4 weeks with each size. Doses above 30cm²

not been evaluated. The treatment is designe

used continuously for three months, but not bey

However, if abstinence is not achieved at the en

the three month period, further treatment ma

recommended following a re-evaluation of

patient's motivation. **Contra-indications:**

smokers, occasional smokers, people under

years. As with smoking, Nicatinell is contra-indi

during acute myocardial infarction, unstab

worsening angina pectoris, severe ca

arrhythmias, recent cerebrovascular acci

pregnancy and breast feeding, skin dis

preventing patch application and ke

hypersensitivity to nicotine or patch compo

Precautions: Hypertension, stable angina pe

cerebrovascular disease, occlusive peripheral a

disease, heart failure, hyperthyroidism, dia

melitus, renal or hepatic impairment, peptic

Discontinue if symptoms of nicotine overdo

or severe or persistent skin reactions occur

out of the reach of children at all t

Side Effects: Application site reaction. Sm

cessation causes many withdrawal symptoms, s

which may be related to smoking cessation in

headache, sleep disturbances, gastro-intestina

turbances, and myalgia. **Interactions:** Sm

may increase the metabolism of some medicine

dosage of these medicines may require re-ta

on smoking cessation. **Legal Category:** P. M

Price and Product Licence Nos: Nicatinell

(PL 0030/0109) in a 2 day starter pack £4.9

packs of 7 patches £17.49, and 21 £4

Nicatinell TTS20 (PL 0030/0108) in a 2 day s

pack £4.50, in packs of 7 patches £16.49, Nic

TTS10 (PL 0030/0107) in packs of 7 pa

£15.99. **PL Holder:** Navartis Consumer H

Wimblehurst Road, Harsham, West S

RH12 5AB **Date of Preparation:** August

Source: AC Nielson May/June 1999

FEEL



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Over 50% share and growing.

**24
HOUR**

The 3 easy step Patch Programme with 24 hour support in every patch.

Nicotinell is dedicated to continue the growth of the pharmacy smoking cessation market.

Investing £1 million to support smoking cessation programmes in the community.

£5 million heavyweight advertising campaign.

The Nicotinell®
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For further information contact
Novartis Consumer Health on 01403 323953

www.nicotinell.co.uk



Script specials



IN BRIEF

New indication for Lipitor

Lipitor (atorvastatin) is now licensed to raise high-density lipoprotein and lower the low-density/high-density lipoprotein ratio and the total cholesterol/HDL ratio. This new indication is in addition to the licence for the reduction of LDL-cholesterol, total cholesterol and triglycerides in patients with primary, familial or mixed hyperlipidaemia. The new indication follows analysis of pooled data, which showed atorvastatin increased HDL-cholesterol levels from baseline for all patients including those with HDL-cholesterol levels of less than 0.9 mmol/l. In addition, the statin significantly decreased the LDL/HDL and total cholesterol/HDL ratios.

Parke Davis. Tel: 023 8062 0500.

Celiac disease/diabetes leaflet

'Want to know more about Celiac disease and diabetes' is a new patient leaflet from The Juvela Nutrition Centre aimed at helping people suffering from both conditions to chase a healthy balanced diet. The number of people diagnosed with both illnesses is on the increase – one reason is that experts now recommend that patients with Type 1 diabetes should test for celiac disease. Leaflets are available free from the Juvela Nutrition Centre at:

SHS International. Tel: 0151 228 1992.

Prosobee liquid discontinued

Mead Johnson Nutritional has discontinued Prosobee soya formula liquid because of poor demand. Prosobee soya formula powder, the formulation most popular with healthcare professionals and parents, will continue to be available.

Mead Johnson Nutritional.

Tel: 020 8754 3764.

Convatec addition to Drug Tariff

Convatec DuoDerm Extra Thin 5 x 10cm will be available on prescription from December 1. The NHS price for a ten-dressing pack is £6.

Convatec. Tel: 01895 628400.

Booklet on birthmarks

The Disfigurement Guidance Centre has produced a new booklet entitled 'About Birthmarks: It isn't a shame. It's a birthmark'. The booklet is available free to pharmacists who write in with a £0.50 stamp to DGC, PO Box 7, Cupar, Fife, Scotland KY15 4PF.

Arava: slows progression of RA

Arava (leflunomide) is a new disease-modifying antirheumatic drug (DMARD) from Hoechst Marion Roussel, which has been developed specifically to slow the progression of rheumatoid arthritis and reduce the signs and symptoms of the disease.

Leflunomide is an immunomodulatory agent, which inhibits an enzyme involved in the proliferation of the lymphocytes responsible for joint damage. Reducing the number of active lymphocytes in the joints thus reduces inflammation and damage to the joint lining.

Studies have shown leflunomide to have comparable efficacy to sulphasalazine and methotrexate. In addition, it produces more pronounced reduction in joint inflammation over four months than methotrexate. A recent study in *The Lancet* has also indicated a reduction in functional disability with leflunomide compared with placebo and sulphasalazine.

Another feature of leflunomide is its rapid onset of action – benefits are seen as early as four weeks, whereas many existing disease-modifying

antirheumatic drugs require several weeks to months before improvements are seen. Specialists now recommend early use of DMARDs in a bid to prevent the irreversible damage that rheumatoid arthritis can cause.

Leflunomide is indicated for the treatment of adults with rheumatoid arthritis, either as a first-line DMARD or to treat patients who have used other DMARDs unsuccessfully. Because of the risk of hepatotoxic and haematotoxic side effects associated with DMARDs, a washout period is advocated when switching between leflunomide and another DMARDs.

The loading dose of leflunomide is 100mg once daily for three days, reduced to a maintenance dose of 10-20mg once daily. Benefits are seen after four to six weeks, and may further improve up to four to six months. No dose adjustments are needed for the elderly or for patients with mild renal insufficiency.

The side effect profile is similar to that of other DMARDs: most common are diarrhoea (17 per cent), rash (10 per cent), hair loss (10 per cent) and



hypertension (10 per cent). Blood cell counts are required before start of treatment and regularly thereafter.

Administration of cholestyramine or activated charcoal resulted in a rapid and significant decrease in plasma concentration of the active metabolite of leflunomide. Caution is needed when used with rifampicin. Couples must use reliable contraception if either of them is on leflunomide.

Arava comes in three strengths: 100mg (3 tablet starter pack, £23.25), 10mg (30, £46.50) and 20mg (30, £46.50).

Hoechst Marion Roussel.
Tel: 01895 834343.

'Select the right inhaler' compliance aid from Clement Clarke

Clement Clarke has launched a device that is aimed at improving compliance by assessing a patient's suitability to the inhaler they have been prescribed.

The In-Check DIAL, unveiled at the European Respiratory Society meeting in Madrid last month, works on the principle that different inhalers need different inhaler techniques.

Finding the right inhaler for an individual patient and achieving compliance has been an ongoing challenge for healthcare professionals.

The In-Check DIAL (£22.50) resem-

bles a peak flow meter and works by simulating the internal resistance of popular devices. Patients breathe in as they would with their inhaler device to produce an inspiratory flow reading (litres/minute).

This can then be compared with the optimum for the inhaler. The In-Check DIAL can thus help identify whether the patient has the correct technique for the device. It can also be used to train patients in inhaler technique.

The dial can select for Accuhaler (Glaxo Wellcome), Turbohaler (Astra)

Easi-Breathe (Baker Norton) and Autohaler (3M). A fifth setting – free flow – is suitable for low resistance devices such as metered-dose inhalers.

Jon Bell, respiratory marketing manager at Clement Clarke, said pharmacists had already shown interest in the device and that he was keen to get more pharmacists to use it in a bid to ensuring inhaler compliance among their patients. The company only anticipates selling to health professionals.

Clement Clarke International Ltd.
Tel: 01279 414969.

WHO says 'Don't be Duped' by the tobacco industry

The World Health Organization has launched a new anti-smoking global crusade aimed at lifting the lid off what it calls, the tobacco industry's "campaign of deception and lies".

The 'Tobacco kills – don't be duped' campaign aims to help sift facts from fiction about tobacco use, its spread and promotion.

In the long-term, the campaign aims to enhance people's knowledge of

health issues, promote healthy choices and influence public policy so that tight tobacco control measures and strict regulation of the tobacco industry become a global reality.

The campaign will do a country by country search of documents that prove the tobacco industry's subversion of science, economics and the political process.

Speaking at the launch of the initia-

tive, former Brown & Williams researcher Dr Wigand said he knew the tobacco industry from the inside. "The tobacco industry has always had a wanton disregard for the truth they've gotten away with it for decades in the US and are still getting away with it in other countries."

Dr Wigand's life as a researcher turned whistle-blower has been turned into a major Hollywood movie

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sights of the Big Apple. They're all here to be won - plus millions more fantastic prizes. Every scratchcard's a winner. And you win by maximising profits with more Kodak sales.

Get your customers to join in the fun. Stock and display Capture 2000 now with our specially designed merchandisers and point of sale. **Plus huge TV advertising support - a massive £1.4 million from the end of November to 31st December - will have them beating a path to your door.**

If you only stock one promotion this year, make it this one.



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Kodak, Gold, Ultra, Fun Gold and Advantix the Advantix logo and Take Pictures. Further are trade marks



Counterpoints

New millennium launch for herbals



Herbal Concepts plans to launch the first stage of a new range of licensed traditional herbal remedies into pharmacies in the New Year.

The range will be introduced with five products - Period Pain Relief, Rheumatic Pain Relief, Asthma and Catarrh Relief, Daily Fatigue Relief and Weight Loss Aid.

Retail prices range from £2.99 to £4.99.

Herbal Concepts Ltd.
Tel: 01296 689045.

Lose weight while you sleep?

Pharmavita is launching a Canadian slimming supplement that has been developed to help reduce fat while you sleep.

Slendernight is a collagen supplement that is claimed to harness the body's own natural metabolism.

The ingredients include collagen hydrolysate, aloe vera juice and wild yam. The product is taken immediately before going to sleep.

The manufacturer says results can usually be seen within the first month, but three months' use is recommended. The product has a 100 per cent money back guarantee.

The launch will be supported by an advertising campaign and full PoS material is available.

Retail price is £28.95 for a 500ml bottle.

Pharmavita Ltd.
Tel: 020 7223 1665.

Hygiene for your nose from France

Carter-Wallace is introducing a French nasal hygiene brand in the UK.

Stérimar is a natural product formulated to restore humidity in the nose, relieve the nose of secretions and facilitate clearing of the nose.

It is made from a sterile solution of isotonic seawater with the properties of 97 minerals and trace elements.

The product is delivered through a microdiffusible spray and features a nozzle that has been



designed to adapt to any type of nostrils - from babies' to adults'.

The manufacturer says the product is safe to use every day and has been clinically proven to assist in the treatment of rhinitis in adults and nasal obstruction in children. It is an OTC product classified

as a medical device.

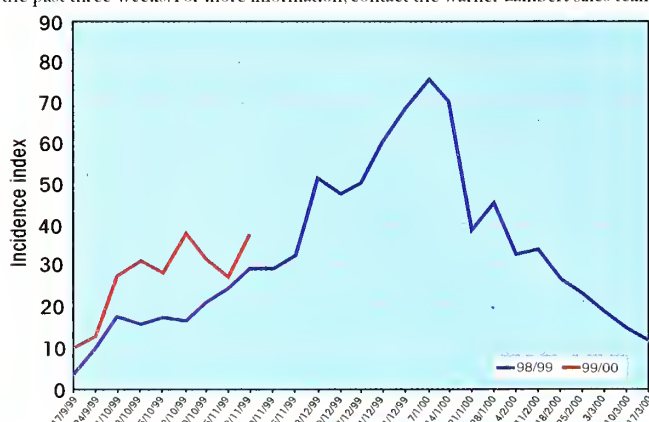
Retail price is £4.99 for 100ml (which provides up to 300 applications).

Carter-Wallace Ltd.
Tel: 01303 858828.

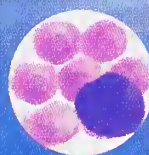
Cough, cold & flu FORECAST

Information updated weekly by SDI

As the incidence of cough, cold and flu creeps back to levels seen a fortnight ago, the UK has moved to 'pre-alert', warning that respiratory illness is sufficiently widespread among the population for a major outbreak to be just over the horizon. The cumulative season-to-date levels of cough, cold and flu are nationally 61 per cent higher already this year, with Glasgow, Leeds and Norwich having been particular blackspots. Cough (49 per cent), chest congestion (42 per cent) and nasal congestion (39 per cent) are the most frequently identified symptoms. Regionally Bristol, Leeds and Norwich remain on 'pre-alert', as they have done for the past three weeks. For more information, contact the Warner Lambert sales team.



Her pharmacist knows about NiQuitin CQ's proven morning craving control¹



the
cancer
research
campaign

"However long a person has smoked, quitting is always a benefit"

**And at seven am
so does she**

NiQuitin CQ
Nicotine
STOP SMOKING AID



HELP HER STAY CALM, IN CONTROL - AND QUIT

Morning cravings are often the most difficult time for smokers.

NiQuitin CQ has clinical evidence to prove morning craving control.¹

NiQuitin CQ's advanced patch design helps ensure that from one morning right through to the next, the temptation to smoke is kept firmly at bay.

NiQuitin CQ Product Information. Presentation: Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes). NiQuitin CQ Step 1 (containing 114mg nicotine per 22cm² patch), NiQuitin CQ Step 2 (containing 78mg nicotine per 15cm² patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7cm² patch), delivering 21mg, 14mg, 7mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. Apply patch to clean, dry skin site once a day preferably soon after waking. Remove patch after 24 hours and apply new

patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardiovascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypertension, severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on

removal of patch; rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve with continued use, if troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence number:** NiQuitin CQ 21mg (Step 1) 00079/0347; NiQuitin CQ 14mg (Step 2) 00079/0346; NiQuitin CQ 7mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TWB 9BD, U.K. **Pack size and RSP:** All strengths 7 patches £19.95, Step 1 only 14 patches £35.95. **Date of last revision:** February 1999. **NiQuitin CQ, CQ and Committed Quitters** are trade marks.

Reference:

1. Data on file, SmithKline Beecham Consumer Healthcare.



Brand switch for Colgate Fluorigard Weekly Rinse



Colgate Oral Pharmaceuticals is now marketing its Fluorigard Weekly Rinse with the Duraphat portfolio of fluoride products.

Now known as Duraphat Rinse, the product has been repackaged in a bottle with a chequered graphic design. It contains 0.2 per cent w/w of sodium fluoride.

The mint-flavoured product is formulated to act at the tooth's surface to prevent demineralisation and promote re-mineralisation. Topical fluoride also inhibits acid production by caries-forming bacteria.

It is suitable for groups at risk from the age of six, including those with a history of high levels of dental caries, appliance wearers, the handicapped and the elderly.

The product is pre-diluted and has a low alcohol content (4.96 per cent). Retail price is £3.59.

The rest of the Fluorigard range will remain unchanged.

Colgate Oral Pharmaceuticals.
Tel: 01483 302222.

Sound advice for acne sufferers

Stiefel Laboratories is supporting its Pharmacy-only Panoxyl Aquagel treatment for acne with a new promotional campaign designed to provide acne sufferers with good advice.

To help teenagers and parents cope with acne, the company has produced a booklet entitled 'The Little Book of Acne Facts'.

Copies of this free booklet are available for pharmacies from Stiefel Laboratories sales representatives.

Cut a dash with Wahl's new clipper kits

Wahl is launching a new range of mains operated clipper haircutting kits.

The Wahl 100 to 600 Series features six clipper kits - each individually coloured for easy identification and each with different accessories.

The 100, 200 and 300 kits are based on the company's mains design with the on-off switch handily placed for thumb operation

and an easy-release lever for adjusting the cutter head.

The clippers in the 400, 500 and 600 kits feature a new ergonomically designed shape to fit the hand comfortably. These models incorporate a quiet, high efficiency vibration motor.

Retail prices range from £9.95, for the 100 kit, to £24.95 for the 600 kit.
Wahl Europe Ltd.
Tel: 01227 740066.



Lemsip is hard at work on TV

Reckitt & Colman is supporting two of its Lemsip products with a new £4.5 million TV advertising campaign throughout the cold and flu season.

Lemsip Cold & Flu Max Strength and Lemsip Sore Throat Anti-Bacterial Lozenges will both appear on TV from this month until February.

Both commercials will run on ITV, Channel 4 and 5, GMTV and Satellite channels.

Reckitt & Colman Products.
Tel: 01482 326151.

Andrews gets ready to sort out your insides over the festive season

SmithKline Beecham is supporting its new look Original Andrews Salts with a national press campaign designed to drive sales over the key Christmas period and into the new millennium.

The £355,000 campaign will focus on overindulgence, with coverage in the Christmas TV listing magazines like *TV Times*, *Radio Times*, *TV Choice* and *What's on TV*.

Three humorous advertisements highlight the major symptoms of overindulgence - upset stomach, constipation, indigestion and excess acid.

One advertisement shows a variety of groaning stomachs to demonstrate that overindulgence can affect everybody. The others feature Santa Claus and a chef who

Optima launches natural emollient to relieve problem skin

Optima Healthcare is launching a new natural emollient cream for problem skin.

Allergenic cream contains 100 per cent natural ingredients and is steroid- and preservative-free. It is formulated for use on dry, itchy skin conditions such as eczema and psoriasis.

The cream is endorsed by the National Society for Research into Allergies.

The product's main active ingredients are phytosterols, which are extracted from GM-free soya beans to help calm irritation.

Other ingredients include borage oil, aloe vera, zinc oxide, beeswax, rose oil, glycyrrhethinic acid (extract of liquorice) and hyaluronic acid (natural mucopolysaccharides).

The product is dermatologically tested and has a pH of 5.5.

Retail price is £4.99 for a 50ml tube.

Optima Healthcare Ltd.
Tel: 01222 388422.

Overindulged?



Who ate all the pies?

To sort your insides out!



Fast and effective relief! Eases upset stomachs, attacks and the cold. Andrews is a trade mark.

have clearly overindulged.
SmithKline Beecham Consumer Healthcare.
Tel: 020 8560 5151.



Whichever way you look at it

we're committed to Meltus in Pharmacy

This winter sees our biggest Meltus campaign ever, with our 7th consecutive year on TV, and again a cat plays a role your customers will remember.

In fact, last year's campaign drove consumer purchases up by 25%* - and this success is set to continue.

Meltus continues to be the fastest growing major cough brand in Pharmacy** offering effective relief for the whole family. And we remain committed to pharmacy by offering you excellent profit deals all year round.

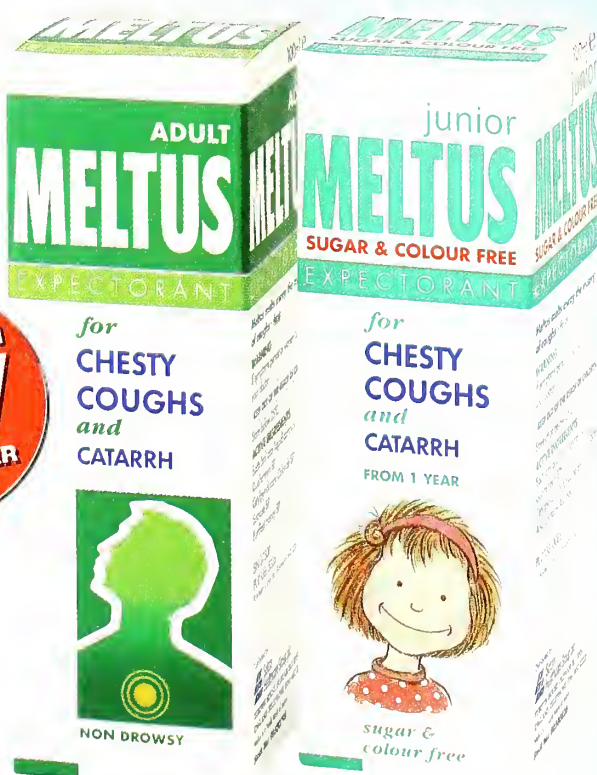
So whichever way you look at it, Meltus is the cat's whiskers.

MELTUS

Helps Melt Away Coughs - **Fast**

SSL International plc

Meltus is a Trade Mark of Seton.



ADULT MELTUS EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentation: Oral liquid. Each 5ml contains 100mg Guaifenesin BP, 2.5mg Cetylpyridinium Chloride BP, 1.75g Sucrose BP, 5g Purified Honey BP. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, colds and mild throat infections. **Dosage and Administration:** Adults and Children aged 12 years and over, one or two 5ml spoonfuls taken and swallowed slowly every three or four hours. Not recommended for children under 12 years. **Contraindications, Warnings etc:** Contraindications: None known. Warnings: Not suitable for children under 12 years. Very large doses cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. **Use in pregnancy and lactation:** No known contraindications. **Side effects:** None known. **Legal Category:** GSL. **Packs:** 100ml and 200ml. **Price:** 100ml RSP £3.05, 200ml RSP £4.49. **PL Number:** 0338/5026R. **PL Holder:** Cupal Limited, King Street, Blackburn BB2 2DX. **Date of Preparation:** September 1999. **Further information is available on request from SSL International** Tubitan House, Oldham OL1 3HS.

JUNIOR MELTUS SUGAR & COLOUR FREE EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentation: Oral Liquid. Each 5ml contains 50mg Guaifenesin BP, 2.5mg Cetylpyridinium Chloride BP, Alcohol. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, cold and mild throat infections. **Dosage and Administration:** To be taken three or four times daily. Children over 6 years: Two 5ml spoonfuls every 1-6 years, one 5ml spoonful. Children under 1 year: On medical advice only. **Contraindications, Warnings etc:** Contraindications: None known. Warnings: Children under one year on medical advice only. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. This formulation is not suitable for adults. **Side effects:** None known. **Legal Category:** GSL. **Packs:** 100ml. **Price:** RSP £2.75. **PL Number:** 0338/0086. **PL Holder:** Cupal Limited, King Street, Blackburn BB2 2DX. **Date of Preparation:** September 1999. **Further information is available on request from SSL International plc,** Tubitan House, Oldham OL1 3HS.

* Nelson Sofres Counterpoint season 98/9 vs season 97/8 ** Independent Audit MAT June 1999

Prescribing Information

E45 Cream

White, smooth emollient cream which contains White Soft Paraffin BP 14.5% w/w, Light Liquid Paraffin Ph Eur 12.6% w/w, and Hypoallergenic Anhydrous Lanolin 1.0% w/w.

Uses:

For the symptomatic relief of dry skin conditions where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis.

Dosage and Administration:

Adults and children: Apply to the affected part two or three times daily.

Contra-indications, Warnings etc:

E45 Cream should not be used by patients who are sensitive to any of the ingredients.

Package

Quantities:

Tubes containing 50g
Tubs containing 125g
and also 500g

Basic NHS Cost:

50g £1.18, 125g £2.39,
500g £5.61

Legal Category: GSL

Product Licence Number:

PL041746904

Product Licence Holder:

Crookes Healthcare Ltd,
Nottingham NG2 3AA

Date of Preparation:

July 1999

E45 Emollient Bath Oil

Further information is available on request from Crookes Healthcare Ltd,
Nottingham NG2 3AA

Legal Category: ACBS listed

Date of Preparation:

July 1999

E45 Emollient Wash Cream:

Further information is available on request from Crookes Healthcare Ltd,
Nottingham NG2 3AA

Status: ACBS listed

Date of Preparation:

July 1999

References:

1. Marks R, Payne E, Shaik N. *Br J Dermatol* 1997; 137 (50): 52.
2. Berth Jones J, Graham Brown RAC. *J Dermatol Treat* 1992; 3: 9-11.
3. Data on file, Crookes Healthcare (EST980711).
4. Blaszczyk-Kostanecka M, Prystupa K, Shaik N. Poster presented at EADV, Nice, 1998.
5. Cork MJ. *J Dermatol Treat* 1997; 8: S7-S13.

Eczema is the last thing on her mind

Think of E45 and you probably think of E45 Cream. Yet, E45 Bath and E45 Wash can help too.

E45 Bath and E45 Wash are not only soap and detergent free to avoid drying the skin, they actually help protect against water loss and dryness.¹⁻⁴

All three used in combination as a daily routine, called E45 Complete Emollient Therapy, ensure maximum skin rehydration⁵ to help improve eczema⁴ and quality of life.

Just as importantly, E45 Complete Emollient Therapy is pleasant to use! Which makes eczema easier to live with. For everyone.

Call 0115 968 8665 now to receive more information on the benefits of E45 Complete Emollient Therapy.



At ease about eczema

AAH kicks the bug out of your millennium

AAH Pharmaceuticals is running a winter campaign for Vantage Refresh pharmacists to support the £1.3 million government campaign that informs patients that antibiotics do not work on coughs, most colds and sore throats.

Entitled 'Kick the bug out of your millennium', the campaign includes leaflets and posters to advise consumers about colds and flu.

It outlines what consumers can do to prevent colds and flu, and highlights the pharmacist's role during winter as the first port of call for advice.

Other recommendations include reducing stress levels, drinking enough fluids, keeping fit and healthy eating.

The leaflets also explain the symptoms of colds and flu and what patients can do to build up their immune system if they catch the bug.

Steve Dunn, managing director of AAH Pharmaceuticals, says: "The DoH's message is very important and the more voices that carry it, the stronger the message will be."

AAH Pharmaceuticals Ltd.
Tel: 01203 432000.

Calpol campaign helps the medicine go down

Warner Lambert Consumer Healthcare is supporting Calpol with its first ever TV advertising campaign.

The commercial features scenes from daily family life with parents talking with great affection about what you assume to be their children.

However, the last frame reveals that the dialogue from each scene actually relates to the core message of the commercial - the arrival of Calpol Sachets.

Nick Burgoyne, senior product manager for Calpol, comments: "We wanted an execution which breaks new ground from traditional children's medicine advertising.



Part of a £2.7 million drive, the TV campaign runs until December. **Warner Lambert Consumer Healthcare.**
Tel: 023 8064 1400.

Asta drops Sankyo for Rhinolast

Asta Medica has dropped Sankyo Pharma UK as the distributor of Rhinolast Hayfever, with immediate effect.

Tom Foy, Asta's general manager, refused to say why it had ended the agreement, but said the company had no plans to withdraw Rhinolast from the market. Asta will ensure the product remains available and is in advanced negotiations "to find a new

distributor. It will reveal who it is shortly.

Mr Foy said the timing of its announcement was right because demand for hay fever products is virtually nil at this time of the year. But pharmacists who have queries are advised to contact him on the number below.

Asta Medica Ltd.
Tel: 01223 423434.

Energizer goes into action with Bond

Energizer UK is teaming up with the new Bond film in an £80,000 national promotion to support its batteries.

The new Bond action adventure 'The World is Not Enough' is due to be released on November 26.

Running until January 2000, the Bond promotion offers consumers the chance to win hundreds of prizes including Omega watches, palmtop PCs and the top prize of a BMW Z3.

Independent retailers are being offered 36 cards for the price of 30, displayed in an eye-catching mini dispenser. The units carry a Bond branded header.

CERT Customer Services.
Tel: 01992 464546.

Pharmacies to throw light on Nurofen

Crookes Healthcare is pioneering an innovative new advertising opportunity (see p36) in conjunction with pharmacies.

New fully illuminated signs featuring the Nurofen target logo and the strapline 'targeted relief for pain' will be constructed above pharmacy shopfronts' green cross signs.

The signs make their debut this week, starting with 100 selected community pharmacies in the Midlands and London.

Sarah Wood, senior product manager for Nurofen, says: "We believe that the distinctive Nurofen target logo ... with the immediately recognisable green cross will prove an effective combination to attract more consumers into pharmacies."

Crookes Healthcare Ltd.
Tel: 0115 953 9922.

Throaties Pastilles take to the big screen

Next month sees the start of a £2.1m cinema advertising campaign for Throaties Sore Throat Pastilles.

The advertisement will be on screen throughout December, January and February and is aimed at girls and women aged 15-24, who are the heaviest users of medicated confectionery. The advert shows the softer side of Wolf, from the TV show 'Gladiators'.

The campaign capitalises on the recent launch of larger Throaties, which are claimed to have improved soothing and decongestant benefits.

The three Throaties variants are in flow-wrapped blisters of ten pastilles (rsp £0.50) or cartons of 20 pastilles (rsp £1.18).

Ernest Jackson & Company Ltd.
Tel: 01363 772141.

ON TV NEXT WEEK

Askit: STV, C4 (Scot), C5 (Scot), GMTV (Scot)

Beechams: U

Beechams Flu Plus: All areas except U, CTV, C4, GMTV

Calpol: All areas except U

Daviscon Advance Liquid Sachets: All areas except CTV, GMTV, TSW

Demip cold and flu max strength: All areas except CTV, GMTV, TSW

Demip sore throat antibacterial lozenge: All areas except CTV, GMTV, TSW

Lytol: All areas except C

Mettlers: All areas except C

Polpadeine: U

Sixylix: B, G, Y, C, M, CAR, TT, C4, GMTV, Sat

Uovirax: LWT, ITV, C4, C5, Sat

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **ITV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

IN BRIEF

Fujifilm is on the ball

Fujifilm is to sponsor the European Football Championship 2000 (taking place between June 10 and July 2, 2000) and the Football World Cup 2002.

Fuji Photo Film (UK) Ltd.
Tel: 020 7586 5900.

More power to battery sales

Panasonic is supporting its battery brand with a new advertising campaign that combines poster and pay-phone sites with advertising on taxis, buses, planes and trains.

Panasonic Industrial Europe Ltd.
Tel: 01344 853259.

THE FUTURE FOR... Category Management



As we move into the 21st century, pharmacists are becoming increasingly aware of the important role of category management in the success of their business. Innovative category management is about far more than simply ensuring the right products are in the right place at the right time, so how can pharmacists take advantage of new opportunities or ideas?

By its very nature, the unique environment of every pharmacy demands an individually tailored approach to shelf space, optimum product ranges and merchandising techniques. Ideas therefore need to be adaptable to suit the amount of space available, ensuring that each category has the optimal representation and that products are displayed in a logical order.

Crookes Healthcare territory managers can provide advice and tailor-made solutions to category management within your pharmacy.

As customers become more confident in self-medication, an understanding of shopper psychology may also help – aiding understanding not only of which individual products are sought, but also which categories should be placed next to each other. In addition, use of market data is essential – which brands are market leaders? Which are well supported and which are under performing? While looking for sources of this information in the future, you may want to turn to the Internet.

Fast becoming an essential tool, the Internet is set to become increasingly involved in category management. It will facilitate closer contact with customers, and increased understanding of shopping behaviour. Some consider shopping in the future will involve 'clicking' on a product on the screen rather than selecting one off the shelf. With innovative sites such as www.strepsils.com and www.nurofen.com, the opportunities for pharmacy in the future appear to be endless, and will surely ensure that the right products are indeed in the right place at the right time.

If you require advice or further information from Crookes Healthcare's dedicated Category Management team, call 0115 953 9922, or contact your local territory manager or salesforce representative.



approachable throatcare expertise

You are a Scottish pharmacy contractor. Sister A is a community nurse attached to the local GP practice. She has recently taken the training course to become a nurse prescriber. She is trying to be a conscientious prescriber, but she is a little mystified about why some items that she routinely uses are 'not allowed'. She also comments that some of the 'approved names' for dressings are quite complicated to remember

Questions

- 1 What is the basis for the Nurse Prescriber Formulary?
- 2 What are the items that are commonly disallowed?
- 3 How can Sister A cope with the long 'approved names'?

Answers

1 The Nurse Prescriber Formulary was drawn up within the Department of Health in England at the outset of the introduction of nurse prescribing in 1995. When nurse prescribing was introduced within Scotland in mid-1996, it was agreed that the same Formulary should be used. The Formulary is periodically reviewed, and has been updated since it was originally drawn up. The latest update was November 1, 1998; items under 'Emollients' and 'Emollient Bath Additives' will now be accepted by brand name.

2 The main problems have been with certain medicated dressings, especially chlorhexidine tulle, water for injection for Foley urethral catheters, and extemporaneous items such as potassium permanganate dilutions. One item not in the English *Tariff*, and so not included in the Formulary, is incontinence pads. Sister A should have access to a Scottish *Drug Tariff*. She will find that items that are not allowed in Parts 2 to 6 and Part 9 are marked with 'Nx' in the extreme left margin.

3 The general instruction to nurse prescribers is that they must use the non-proprietary title. This certainly applies for items in the 'Drugs List' and

Pharmacy Stamp

Pharmacist's pack & quantity endorsement	No. of days treatment		NP	Pricing Office use only
	N.B. Ensure dose is stated			
Alginate Dressing sterile BP type A				
10 x 10cm				
7 pieces				
Signature of Doctor			Date	

for many dressings and appliances that are not brand specific, eg cotton crepe bandage BP 1988 (the year designation of the monograph may be omitted). It is recognised that some of the titles are long, and some are similar, such as the various surgical tapes, eg impermeable plastic adhesive tape, impermeable plastic synthetic adhesive tape, etc.

It has been agreed that if the title is written to the best of memory, and

with the brand intended in brackets that this would be acceptable, if only to ensure that the patient obtains the item intended without undue delay. For items from the incontinence and stoma parts of the *Tariff* (parts 5 and 6), the brand names should be given with the product catalogue number known. Similarly for catheters, the brand must be written by the prescriber, or else the default that is mentioned in Part 3 would be enforced.

LETTERS

A question of qualifications

I am writing in response to your report on the PAGB's new code of advertising of OTCs to "persons qualified to supply" (C&D November 13, p8).

I feel obliged to ask a question concerning the definition of "persons

qualified to supply". Pharmacists are qualified as a result of having passed a degree, registered as a pharmacist and because they still participate in continuing education.

Pharmacy graduates as pre-registration trainees are qualified with a degree and their training towards registration as a pharmacist. Medicine counter assistants are qualified because of

their recognised medicine counter assistants courses.

But (forgive me if I'm wrong), who qualification do "GSL retailers having direct contact with the public" have to sell and supply OTC medications?

At best, the use of the word 'qualified' is unfortunate and at worst vastly inflammatory.

I Grace
Huddersfield



Above: St John's wort,
commonly used as an
anti-depressant

Millennial medicines

Dr Tieraona Low Dog looks at the rebirth of herbal medicine and some of the popular remedies in current use

Phytomedicine, or herbal medicine, is the science of using botanical remedies to treat illness or enhance well-being. It is an ancient science that laid the foundations for modern medicine.

More than 2,000 years ago, Hippocrates wrote extensively about herbal medicine and healing. Dioscorides, a Greek surgeon in Nero's army (54-68AD), described more than 600 plants in his extensive *De Materia Medica*. Galen (131-210AD) instituted an elaborate system of herbal polypharmacy, and the term 'galenicals' is still used today to describe herbal simples.

Up until the late 1800s, drug preparations were primarily made of flowers, leaves and roots. In 1850, 80 per cent of the medicines used in Europe and the US were derived from plants. But by the end of the 19th century, pharmaceutical companies began to gain a strong foothold in the field of medicine, and drugs made from single constituents were developed.

Chemists looked for chemical compounds that could be analysed precisely and dosed in exact milligrams, with effects that could be accurately measured physiologically. This was often a difficult task with plants containing hundreds of constituents. The use of herbal

medicine declined sharply after World War II with the development of new, powerful drugs.

Herbal medicine has enjoyed a resurgence since the late 1960s, and scientific research has validated the traditional uses for a number of plants. The British Herbal Pharmacopoeia has attempted to provide a rational resource based on historical use and scientific inquiry.

But with all the advances in medicine, why are consumers returning to these ancient treatments? Although there have been remarkable advances in the field of medicine, the dangers of medical technology and the indiscriminate use of modern drugs are a valid concern. Allopathic medicine has failed to find a cure for many of our chronic illnesses.

The increasing desire of patients to avoid many modern drugs poses a challenge to both the physician and pharmacist. Neither is adequately trained to deal with the many issues surrounding the use of plant remedies - active constituents, dosages, interactions and possible side effects with other drugs, and the therapeutic value inherent with the plant.

It is difficult to accurately evaluate the research. There is a lack of consensus regarding dosage, safety, and length of treatment. Scientific studies vary in quality, with many flawed by small sample size, lack of

objective outcome measurements and short duration. Safety claims based upon a long history of use do not always apply to the way herbal medicines are used today.

Yet the sheer volume of herbal products consumed obliges pharmacists to expand their knowledge in order to support the positive efforts of the patient to achieve 'wellness'.

Herbs in common use

● Garlic (*Allium sativum* L.)

Common uses: lipid lowering, anti-thrombotic, antimicrobial.

For centuries, garlic was used to prevent wound infection. Today's medical community appears most interested in the lipid-lowering properties of this herb. Garlic lowers total serum cholesterol, triglycerides, and low-density lipoproteins, while increasing high-density lipoprotein.

Garlic oil contains methylallyl-trisulphide, a substance which inhibits platelet aggregation. It also activates fibrinolysis, the body's mechanism for breaking down blood clots.

Given the safety of garlic and the beneficial effect upon the circulatory system, it seems reasonable for patients to add garlic to their daily diet. Adverse effects are uncommon.

● Echinacea (*Echinacea purpurea*, *E. angustifolia*, *E. pallida*)

Common uses: for the prevention



Marshmallow may slow the
absorption of other drugs

and treatment of colds, upper respiratory infections, uncomplicated lower urinary tract infections, and for wound healing.

● Ginger (*Zingiber officinale* Roscoe). **Common uses:** anti-emetic, digestive aid, and circulatory tonic.

Research confirms that ginger eases bloating and abdominal cramping, and increases the tone of the intestinal musculature. The German health authorities have approved ginger for

seminar

the treatment of indigestion. Human trials have demonstrated the anti-emetic effects of the root.

● **Ginkgo** (*Ginkgo biloba* L.)

Common uses: cerebral and peripheral vascular insufficiency.

Ginkgo is used in traditional Chinese medicine for the treatment of asthma and to enhance clarity. The German authorities have concluded that ginkgo extract is a safe and effective treatment for peripheral and circulatory disturbances, including intermittent claudication and memory impairment, and it has recently been approved for dementia.

The mechanism of action is not completely understood but the physiologic effects appear to be due to arterial vasodilation, decreased capillary permeability, reduction of blood viscosity, erythrocyte aggregation and capillary fragility.

● **Peppermint** (*Mentha x piperita* L.)

Common uses: as an anti-spasmodic, carminative, anti-emetic, rubefacient and as a flavouring agent.

Those with gastro-oesophageal reflux should avoid the use of peppermint as it lowers cardiac sphincter tone. Rare laryngeal and bronchial spasms have been reported in infants.

The leaf has long been used to relieve coughs and colds, ease headache, reduce fever, and settle an upset stomach. Topically, peppermint oils help ease musculoskeletal pain, haemorrhoids, and reduce the pain and itch of insect bites.

Peppermint is rich in volatile oils, principally composed of menthol. Menthol acts as an anti-spasmodic to the smooth muscles of the gut and lowers cardiac sphincter tone, facilitating belching.

● **Marshmallow** (*Althaea officinalis* L.)

Common uses: relief of inflammatory conditions of the mouth, throat and gastrointestinal tract.

Marshmallow root and leaf is an extremely safe herb. However, it may slow the absorption of other drugs if taken at the same time. This is because the root contains up to 10 per cent mucilage. When mixed with water, it forms a soothing substance for irritated mucosal tissue.

● **Willow** (*Salix spp*)

Common uses: anti-inflammatory, analgesic, and anti-pyretic.

Questions of efficacy are often raised with willow, as the level of salicin content can vary greatly between different species, and is much lower than one would expect for therapeutic activity. Willow contains salicin which, upon hydrolysis, yields glucose and salicylic alcohol. This can then be converted in the body to salicylic acid.

● **Burdock root** (*Arctium lappa* L., great burdock, or *Arctium minus* (Hill) Bernh. common burdock)

Common uses: arthritis, hypoglycaemic agent.

Patients with diabetes should be aware of the potentiating effect of burdock extracts if they are taking insulin or oral anti-diabetic agents. It should be avoided in large doses during the first trimester of pregnancy.

Burdock root consists of the dried roots of the plant. The principle component is a carbohydrate, inulin, which can comprise up to 50 per cent of the total plant mass. Burdock has been used primarily as a diuretic, anti-rheumatic and 'blood purifier'. It is regarded as a useful remedy for treating arthritic pain and sciatica.

● **St John's wort** (*Hypericum perforatum* L.)

Common uses: anti-depressant.

This herb is mainly used to treat depression in humans. It is the most highly prescribed anti-depressant in Germany where physicians prescribe it four times as often as fluoxetine. It has been found to be as effective as pharmaceutical antidepressants with a lower side effect profile.

The mechanism of action is unclear. The herb has been found to

inhibit serotonin re-uptake, but in much higher concentration than is used to treat depression. It increases nocturnal melatonin production, which may help with sleep.

● **Valerian** (*Valeriana officinalis* L.)

Common uses: sedative, anxiolytic, and anti-spasmodic.

Valerian has been used for centuries as a digestive aid and to help promote sleep. *In-vitro* studies of this malodorous root have found that it inhibits the uptake and release of gamma-aminobutyric acid (GABA), enhancing sedation. Valerian extract exhibits weak anticonvulsant and antidepressant activity and has a relaxant effect upon the smooth muscle of the gastrointestinal tract. It is still unclear which constituents are primarily responsible for its activity.

● **Wild lettuce** (*Lactuca virosa* L.)

Common uses: sedative, anti-tussive.

Wild lettuce has been a popular remedy for restlessness, insomnia and rheumatic pain over the centuries. It contains two sesquiterpene lactones – lactucopierin and lactucin – which have been shown to exert sedative and painkilling properties in animal studies.

However, these chemicals are very unstable and present only in small amounts in the dried latex.

● **Gentian** (*Gentiana lutea* L.)

Common uses: Digestive aid.

Europeans have used gentian-containing aperitifs for hundreds of years to stimulate the appetite and aid digestion. The root contains several bitter compounds including gentiopierin, gentiin, gentiamarin, gentisin, and gentisic acid.

● **Passionflower** (*Passiflora incarnata* L.)

Common uses: Sedative.

Many herbalists recommend it to soothe the nerves, reduce anxiety, and to ensure a good night's sleep.



The passionflower has traditionally been used as a relaxant

Changes coming to the regulatory framework?

Paul Brittain, herbal policy co-ordinator at the Medicines Control Agency, explains how the licensing system applies to herbal remedies

Medicines sold or supplied in the UK are controlled under the Medicines for Human Use (Market Authorisations etc) Regulations 1994¹ and the Medicines Act 1968.

Article 1.2 of Pharmaceutical Directive 65/65/EEC, meanwhile, defines a medicinal product as: "Any substance or combination of substances presented for treating or preventing disease in human beings or animals".

Any substance, or combination of substances which is given to humans or animals with "a view to making a medical diagnosis or to restoring, correcting or modifying physiological function" is likewise considered a medicinal product.

The law provides that, in general, medicinal products cannot be put on the market unless they have a product licence (also called a marketing authorisation). This can be granted either by the Medicines Control Agency, or through the licensing authority of the European Commission, the European Medicines Evaluation Agency.

However, the regulations² allow some medicinal products to be supplied without the need for them to go through the normal licensing procedures. This includes herbal remedies which meet conditions specified in Section 12 of the Medicines Act.

The Medicines Act³ defines a herbal remedy as: "a medicinal product consisting of a substance produced by subjecting a plant or plants to drying, crushing or any other process, or of a mixture whose sole ingredients are two or more substances so produced, or of a mixture whose sole ingredients are one or more substances so produced and water or some other inert substance".

Section 12(1) of the Act allows a person to make, sell and supply a herbal remedy provided the remedy is manufactured or assembled on the premises, and that it is supplied after a consultation between the supplier and their patient.

Section 12(2) applies mainly to manufacturers, allowing them to supply herbal remedies without a licence where:

- the process to which the plant or plants are subjected consists only of drying, crushing or comminuting
- the remedy is sold without any written recommendation as to its use
- the remedy is sold under a description which only specifies the plant(s) and the process, and does not apply any other name to the remedy.

Although there are several hundred licensed herbal medicines in the UK, most herbal remedies are marketed as products exempt from licensing under Section 12.

Under Section 12, which is essentially an 'opt out' clause, there are no specific requirements for safety, and quality, and regulation is arguably

too loose. This has led to a number of public health issues. There are considerable concerns about contamination, adulteration and poor labelling, particularly with traditional Chinese medicine (TCM) and Ayurvedic products.

The Government recently introduced an Order prohibiting the sale, supply or import of unlicensed medicines containing the plant *Aristolochia* following renal failure in two patients who had been prescribed traditional Chinese medicines containing this ingredient.

There is also concern about the levels of heavy metals found in some Ayurvedic traditional medicines.

Licensed herbals

Conversely, when seeking to licence herbal products, many companies have difficulty meeting the conventional requirements of safety and efficacy.

In seeking marketing authorisations for herbal medicines manufacturers must always provide full pharmaceutical dossiers on their specific products in accordance with current guidelines. For safety and efficacy data they will generally rely on bibliographical evidence, but will have to satisfy all the requirements of the relevant European directives. Regulation is arguably too tight.

Furthermore, there is little incentive for companies to licence herbal remedies when they cannot patent the material from which the products are produced. Plants are beyond the reach of even the Patent Office in this respect.

Herbal medicines have grown to be a multi-million pound industry, and it needs to be adequately regulated. This is an area which is under review at the moment.

Lady Hayman, the health minister at the time, met with various interested parties on March 22, and there was a considerable degree of consensus on the need to look for a new regulatory approach, possibly with some form of modified licensing.

Following this meeting, and at the minister's request, the MCA has held several informal workshops with over 40 herbal interest groups to generate ideas and assess the scope for a UK consensus on the way forward.

From the MCA's viewpoint, these meetings have been very positive, with a wide acceptance of the need for change.

The main areas to be addressed are:

- safety and quality requirements
- a more systematic means of providing information for consumers
- a 'lighter touch' on efficacy requirements.

Overall, the MCA is looking to achieve a workable balance between consumer safety and choice. However, at this stage it is too early to say what the MCA's preferred approach is.



Willow can help relieve musculoskeletal pain

European backdrop

In 1998 the AESGP, the European OTC Manufacturers Association, provided a review of the market for the European Commission. It showed that member states operate a wide variety of practices to allow herbal products to be marketed.

The Commission recognises that the regulation of herbal medicines presents problems throughout Europe, and it is seeking to bring a semblance of order to a somewhat confused situation.

Recent developments include moves to clarify the information manufacturers need to provide when applying for a licence to demonstrate that a product has 'well established use' for the purpose of meeting safety and efficacy requirements.

A further potentially significant development has been the discussion by the European Pharmaceutical Committee of a European Commission paper proposing options for creating a 'traditional use' category of medicines.

The paper was well received and a group comprising representatives of several member states will be taking the ideas forward and working up a paper for the Pharmaceutical Committee. The Government views this as a positive development and wishes to contribute constructively to the ongoing debate.

In addition to these initiatives, the Herbs Working Group has been made permanent. The Group is working on updating guidelines to make mutual recognition of licensed herbal medicines easier, and is also starting to develop agreed core 'data sheets' - or summaries of product characteristics (SPCs), as they are now known. SPCs will be aids to harmonisation, facilitating mutual recognition of herbal medicines by the member states.

References

- 1 *Medicines for Human Use (Market Authorisations etc) Regulations 1994 (SI 1994/3144)*
- 2 *Regulation 1(3) of SI 1994/3144*
- 3 *The Medicines Act Section 132*
- 4 *Ratification of an amendment to the Annex to Directive 75/318*

More than just folklore ...

Simon Mills, the director of the Centre for Complementary Health Studies, University of Exeter, outlines some conditions for which herbal medicines can be used, and highlights potential problems

Herbal medicines have been on the market for ages. The effect of the Medicines Act in 1968 was to give 'licences of right' to the many thousands of such herbal products on the shelves at the time. Around 500 of these historical 'licences of right' make up the basis of licensed herbal medicines today.

The future of the market in the UK hinges on talks currently underway in Europe on the licensing requirements for medicinal products of herbal origin. It may be that traditional claims for efficacy will be allowed to substitute for new clinical trials. This would allow new herbal licences for the first time in three decades, open up labelling and advertising, and stimulate growth market.

A clinical trial deficit

The problem faced by legislators is that it has been a slow process to establish clear evidence of efficacy using the pharmaceutical model.

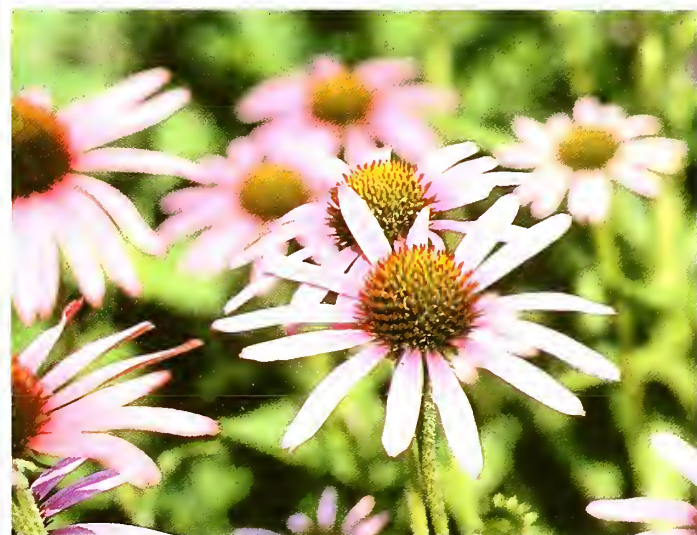
A question that also arises is whether it is proper for pharmacists to become involved in the supply of

herbal products. Surely these are untried, unproven remedies, with a complex and variable constitution?

In fact, there is much to commend in modern herbal medicine. In Europe these products are produced mainly as 'semi-ethical' medicines, and manufacturers have to comply with the normal post-marketing surveillance regulations to monitor the safety of their products.

It is on issues of efficacy that problems are seen. It is rare to find conclusive clinical proof of the efficacy of a herbal remedy. There is little incentive for manufacturers to engage in clinical trials. Most produce generic medicines freely available from nature, with no commercial protection for any expenditure on research. This has led to unease in the medical sector about the renewed popular interest in herbs.

One of the significant features of the traditional database is that it is not just a hotchpotch of folk fancies. From the earliest days humans classified plant material into consistent categories based on properties of taste, appearance, or the immediate impact they made on consumption.



Echinacea, for treating upper respiratory tract infections

There are many cases where scientific insights can validate traditional practices. The early use of salicylate-rich willow bark as antipyretic and anti-inflammatory, the widespread use of liquorice sticks as dentifrices, and the 3,000-year-old use of psoralen-rich plants in the treatment of vitiligo in India have all been validated by modern research.

Use with POMs

The information available about interactions between herbal and conventional drugs is thinner than that on efficacy. Most advice must be based on theory. Fortunately the bias of theoretical advice errs on the side of caution, for the following reasons:

- the concentration of actives in herbs is usually low compared with their synthetic counterparts
- interactions with herbal remedies often involve neutralising and buffering of actives by modifying constituents such as mucilages, tannins and resins (for this reason such constituents are the first to be 'stripped out' in pharmaceutical investigations of plants).

The potential interactions between herbal and conventional medicines should be placed in the context of the normal diet. Any substantial intake of tea, coffee, alcohol or tobacco will have more effect on drug activity than most herbal medicines, and the 'bulk' of the diet will certainly have more effects on pharmacokinetics.

Interactions between herbs and synthetic drugs can be classified as either pharmacodynamic or pharmacokinetic.

Pharmacodynamic

Interactions of pharmacological activity are, at least, predictable in theory. There are some prominent generic cautions worth highlighting:

- **anticoagulant drugs** should not be combined with ginkgo, garlic and ginger
- **insulin-replacement therapy, anti-epileptic drugs and digoxin** all rely on critical dosage levels and all could theoretically be effected by plant constituents, so caution is essential
- **phenolic constituents** such as flavonoids, tannins, anthraquinones and coumarins may share some of the cautions attending salicylates
- **anthraquinone laxatives** and liquorice can deplete potassium levels and should be used with caution with digitalis therapy, especially when also combined with diuretics.

Pharmacokinetic

Ingestion of a herb can modify the absorption, distribution, metabolism or excretion of a drug. Interactions are less predictable here. However, the following possibilities arise:

- plant bulking materials (eg cellulose, pectins), mucilaginous constituents, tannins, saponins and resins are likely to interact with



Ginkgo: used to treat asthma in traditional Chinese medicine

absorption of many substances, most often, but not always, reducing their availability

- hot spices like ginger and pepper are likely to increase absorption rates of many pharmacological agents and may also accelerate their metabolism
- stimulating laxative and cholagogue remedies may reduce the half-life of drugs like digoxin and morphine, where blood levels are maintained by the enterohepatic circulation.

It must be emphasised, though, that the interactions which are listed are rarely established as such. The great majority of cases are only theoretical.

In these cases ...

Where there are concerns about the use of modern medicines for minor or self-limiting conditions, it may be that the consumer's instinct towards self-medication with licensed herbal drugs can safely be encouraged.

ACUTE indications – in early days before consulting the doctor

- **Minor respiratory infections.** Concern about over-prescription with antibiotics in minor self-limiting conditions provides increased opportunities for remedies with evidence for supporting immune defences against colds, sore throats and minor cough conditions. Echinacea and some garlic products have established roles here.

- **Digestive upsets.** Herbs have always had a role in treating problems in the gut. Bitters, such as gentian, chicory, hops and coffee, have a reputation as digestive stimulants. The hot spices like chillies, mustard and especially ginger have been confirmed to increase gastric defences against enteric infection in hot climates.

Mucilaginous herbs like marshmallow can relieve many minor inflammatory and hyperacidity conditions of the upper tract. Herb tisanes of teas like peppermint, camomile or lemon balm will relieve a range of other symptoms.

- **Stress reactions.** Many herbs have reputations as relaxants, traditionally used in convalescence, but with real potential for modern stress conditions. Valerian, passiflora and wild lettuce have been the traditional treatments here. Pacific root kava is attracting a lot of attention as an effective anxiolytic. Traditionally, St

John's wort was used as a tonic in tense and nervous conditions. In minor troubles, camomile is again to be recommended.

CHRONIC indications – after clearing with doctor (self-treatment alone or in combination with a prescription medicine)

- **Mild depressive conditions.** St John's wort has established efficacy in this indication.

- **Stress and sleeplessness.** The remedies mentioned for stress reactions are generally acceptable for medium-term consumption and there are few signs of addiction.

- **Tired-all-the-time.** Few tonic herbs survive on the OTC lists. However, St John's wort was originally a tonic herb. Saw palmetto was used as a general tonic for men long before its modern prostatic reputation.

- **Chronic inflammatory disease.** This is probably best treated after an extensive consultation, as such conditions are rarely straightforward. However, some relief may be had with cod liver oil, other fish oils, evening

primrose oil and devil's claw. Willow bark has a well-established use as a treatment for rheumatic pain.

Burdock was traditionally used for clearing 'toxic' conditions associated with joint and skin inflammations.

- **Disturbed menstrual cycles.** Only three traditional women's remedies are generally available OTC in this country. *Vitex agnus-castus* is a Mediterranean remedy and is claimed to be effective for a wide range of menstrual and pre-menstrual problems. Helonias root is a traditional American remedy to enhance menstrual cycles. Black cohosh is another traditional North American women's remedy for conditions in which low oestrogen supplementation might otherwise be indicated. Evening primrose oil is another popular supplement in PMS.

- **Bowel problems (constipation and irritable bowel).** The anthraquinone laxatives are still primarily based on herbs such as senna, cascara, frangula, rhubarb root and aloes. They are, however, constrained by law for long-term treatment and are in any case not appropriate for such use.

Rather, bulking laxatives like the seeds or husks of psyllium or ispaghula, and flaxseed (linseed) are to be recommended. Bulking laxatives are also indicated as a basis for irritable bowel, along with peppermint oil and spices such as ginger, fennel, cardamom, aniseed.

● **Chronic and recurrent low-grade infections/lowered immunity.** Echinacea and garlic are almost tailor-made for rebuilding the body's defences over several months of treatment.

A taste of the market

Kate Addison, category manager for Höfels, looks at how to make the most of the herbal opportunity

It is concerns over long-term drug usage and the desire for a natural alternative that has given rise to today's self-medicating consumers. They are driving growth in the UK herbal market at a staggering 80 per cent a year and now buy £40 million of products annually. This is equivalent to sales in the hayfever remedies category.

The growth in herbals is not just a UK success story: incredibly eight out of ten of the world's population now use herbal medicines. In the US, for instance, where the market is more developed, consumers spent approximately \$2.8 billion on herbal remedies last year.

In the UK the most popular herbal product after evening primrose oil and garlic is St John's wort, generating £11m of sales. Ginseng has also

shown considerable growth with annual sales at £6m and increasing by 17 per cent a year.

Incorporating herbal products into the supplements fixture with such a diverse mixture of packs and therapeutic categories presents various different merchandising options. For ease of self-selection, Höfels recommend block branding, positioning beacon brands at eye level where visibility is highest.

By placing familiar ingredients such as garlic within a brand alongside new variants, consumers are reassured by the brand name and able to self-select from the range available.

But innovation, umbrella branding, merchandising and consumer education are not the only market drivers. Recommendation has driven consumer awareness and had made herbal medicines more accessible.

PHARMACYupdate

Letting off steam

Stress and health are closely interlinked. Dr Susan Cartwright and Professor Cary Cooper, specialists in organisational psychology at the Manchester School of Management at UMIST, explain how

There is no such thing as a stress-free life. As Melhuish (1978), a physician specialising in stress-related illnesses, has suggested, stress is the product of many thousands of years of evolution and human survival in a hostile environment requiring a quick physical response to dangers.

Stress is clearly part of the human condition. We all need a certain amount of stress to remain alert, give us a 'buzz' and positively enhance our performance. For example, research has consistently demonstrated that athletes record much better times when they perform in a crowded stadium than they do in training. Therefore, it is inappropriate to consider stress in terms of its presence or absence, but rather according to its intensity and the effect it has on individuals.

Definition

Our understanding and definitions of stress have changed significantly over the years. Initially stress was regarded as either environmental pressures or as physiological responses. In regarding stress as an outside stimulus, it was claimed that we can measure the stress to which an individual is subjected in the same way we can measure physical strain on a machine or bridge or any physical object.

Early definitions of stress proved inadequate because they failed to explain why one person seems to flourish in a certain setting, whereas another suffers. Later, a more comprehensive definition of stress emerged: as an interaction between the individual and his or her environment. In other words, stress has to be perceived and

recognised by the individual and is in the 'eyes of the beholder'.

A stress is now more typically defined as any force that puts a psychological or physical function beyond its range of stability, producing a strain within the individual. Knowledge that stress is likely to occur constitutes a threat. A threat can cause a strain because of what it signifies to the individual (see Fig 1).



Biological mechanisms of stress

The body's ability to 'rev up' and produce emergency adrenaline secretions for a short time when confronted by danger has been key to human survival. Back in the 1930s, Walter Cannon studied the effects of stress on animals and humans and



Stress

The detrimental effects of stress on health **I**

First Person

A sufferer shares experiences of benign breast pain **IV**

Traditional Chinese Medicine

Report from a symposium on the safety and efficacy of traditional Chinese medicine **V**

Medical update

Blood pressure monitoring at home **VI**



THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1145), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN C&D DECEMBER 11, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To understand the definition of stress
- To be aware of the biological mechanisms of stress
- To recognise the effects of stress
- To be aware of methods of reducing stress
- To be aware of the impact of occupational stress

identified what is called the 'fight or flight' reaction. Because of this reaction, people and animals will choose to stay and fight or attempt to escape when confronted by a perceived threat or danger.

Modern humans have retained these hormonal and chemical defence mechanisms. However, for the most part, today's lifestyles do not permit physical reaction to the stress agents we face. Attacking the boss, hitting the geography teacher who has refused to accept late homework or smashing an empty automatic cash machine are not

Continued on P11 →

acceptable solutions in modern society.

Even the non-aggressive 'flight' reaction would hardly be considered appropriate in many situations. The teacher who flees from a rowdy class or the manager who walks out of a business meeting is likely to suffer adverse consequences as a result of their actions.

Our long evolved defence mechanisms prepare us for dramatic and rapid action, but often find little outlet. The body's strong chemical and hormonal responses, then, are like frustrated politicians: all dressed up with nowhere to go.

Effects of stress

Too much (or too little) stress can impair not only performance, but can also lead to physical and psychological health problems. The ways in which individuals often cope with stress – excessive smoking, alcohol consumption and drug dependency – can also carry significant health risks.

High blood pressure and heart disease are accepted now as having a proven link to stress. In addition, the mental health charity MIND estimates that between 30 and 40 per cent of all sickness absence from work is attributable to mental and emotional disturbance, which accounts for 40 million lost working days. Furthermore, stress is considered to be responsible for 60-80 per cent of all workplace accidents.

Individuals respond to stress in a variety of ways. There are factors about the individual that make them more vulnerable to stress than others. Similarly, an individual may be more resilient to stress of different stages in their life. Common factors that influence the stress response include age, gender, education, past experience, perceptions of control and personality characteristics.

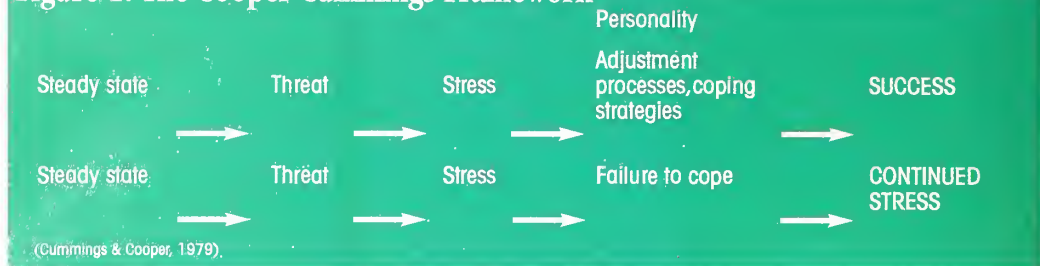
There are a range of behavioural and physical symptoms of stress (see Figure 2). Awareness and the ability to recognise these symptoms in ourselves and others is a useful first step in effective stress management.

Sources of stress

It is recognised that stress can result from major life events such as the death of a loved one, divorce or job loss. However, stress is often the cumulative outcome of a series of everyday hassles that we encounter at work. During the 1980s, much research in the field of workplace stress suggested six major sources of pressure of work (Cooper, Cooper & Eaker, 1988):

- factors intrinsic to the job –

Figure 1: The Cooper-Cummings Framework



workload, physical environment, long hours

- role in the organisation – unclear role, role conflict
- relationships at work – with boss, colleagues, subordinates and clients
- career development – job security, performance, under- (or over-) promotion
- organisational climate and culture – organisational processes and design, communication, decision-making processes
- home-work interface – the balancing of home and work life, the problems of dual career relationships and duties of care to other family members.

In broad terms, stress is primarily caused by the fundamentals of change, lack of control and high workload. The growth in stress-related illnesses and the emerging trend towards increasing litigation by workers about their conditions of work reflects the enormous and rapid demographic, social and economic changes that have impacted on the way we work and live.

Stress reduction

The most effective way to reduce stress is to eliminate or change the source of stress itself. At the individual level, it may be useful to keep a stress diary for a couple of weeks and record events that have caused stress and the way in which they were handled. This information can then be analysed to identify common themes or patterns of stressors and so help the individual focus on aspects of home or work life that need addressing.

Similarly, it can also be useful to reconsider the ways in which the

stressor is handled and how, on reflection, it might have been handled better. At an organisational level, many companies now conduct stress audits to help them identify areas where they could reduce stress and there are a number of appropriate questionnaire instruments for doing this.

However, there are some sources of stress that are difficult to change and so some basic stress management training may be useful to improve on individual's coping skills. Again, many organisations offer their employees stress management training. This usually incorporates education in basic relaxation techniques, time management skills, health promotion and lifestyle advice.

Here are a few basic tips on managing stress:

- refuse to let a stressful situation or environment control you and drive your actions
- refuse to take stressful events personally – adopt an objective approach to problems
- making good decisions and prioritising your workload is a key tool in combating stress
- do not be too hard on yourself or expect too much of yourself
- create time and space for yourself and learn to relax. The more physically fit you are, the more resilient you will be.

Stress and pharmacy

Compared to other health professionals, pharmacists have significantly higher standard mortality rates from suicide, cirrhosis, all cancers, cerebrovascular disease and ischaemic heart disease (The Sick Pharmacists Schemes, 1993). In

a recent UMIST study (Willett & Cooper, 1996) of 100 pharmacists in the north-west of England, stress levels were found to be significantly higher than other similar occupations groups and the working population generally. The study identified four major causes of stress:

- daily demands of the job and dealing with patients
- the professional role itself – particularly the poor professional image and status compared with allied professions
- counter prescribing
- time pressures.

Although these high stress levels did not appear to translate into abnormally poor levels of physical and psychological health, they do raise longer-term concerns. Furthermore, the pharmacists seem to derive considerable satisfaction from their work and this may have some moderating effect.

References available on request

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.

ACTION PLAN

1. Using the four major causes of stress for pharmacists outlined in the article, identify which, if any, apply to you.
2. Using this list, make notes on how you can reduce or alleviate the 'condition'. Now do a similar exercise for stress outside the workplace.
3. Think about your patients. Identify those who may be suffering stress. How can you approach them with advice? Is this your role?

Figure 2: Behavioural and physical symptoms of stress

Common behavioural symptoms of stress

- Constant irritability with people (and things)
- Difficulty in making decisions
- Loss of sense of humour
- Suppressed anger
- Constant tiredness
- Wanting to cry at the smallest problem
- Difficulty in concentrating

Common physical symptoms of stress

- Lack of appetite
- Insomnia
- Headaches
- Frequent indigestion or heartburn
- Eczema
- Craving for food under pressure
- Constipation or diarrhoea

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Presentation: 5% w/w aciclovir in water miscible cream base. **Uses:** Cold sores. **Dosage and administration:** Apply a thin layer of cream to the affected area 5 times a day. **Contra-indications, Warnings, etc:** Do not use if you are allergic to aciclovir or any of the ingredients. **Side and adverse effects:** Mild drying or flaking of the skin has occurred in about 5% of patients. **Retail Selling Price:** £1.99. **Legal category:** Further information available on request from: Glaxo Wellcome UK Limited, Stockley Park, Uxbridge, Middlesex, UK. **Date of preparation:** 1994.

*Source: Data on File, Glaxo Wellcome.



Breast pain, a benign condition that can be either cyclical or non-cyclical, is a common breast problem. One sufferer tells how she found relief from cyclical mastalgia

Breast pain

I am only 30 years old now, but up until a few months ago I suffered every month with constant debilitating pain in my breasts. Living with the recurring pain – technically known as mastalgia – had a profound effect on both my professional and my personal life.

I don't remember having any problems before my mid-20s. I certainly didn't suffer as a teenager – and I would have known about it as I was a competitive gymnast and keen horse rider in those days! But then the pain began.

A friend of mine described premenstrual breasts as feeling like a 'milking cow', and when mine were swollen and sore and heavy I couldn't think of a better description. I used to swell up by a good cup size, and was left feeling bloated and uncomfortable.

The past two or three years have been the worst. I have had the constant worry that someone might knock into me at work, leaving me feeling bruised, or the dread of having to run anywhere (heaven forbid), together with the hassle of being forced to wear a bra 24 hours a day.

Pain on set

I work in television production, where the sets are often large places and everyone is always rushing around in a terrible hurry to meet the tight shooting schedules. If I had to dash anywhere, I would have to have one arm firmly across my chest as I ran, as any movement of my breasts was agony. This could be very inconvenient when whatever I was running to get required two

hands to carry it! I learnt to pile things round the other arm, or over my shoulder, as it simply wasn't an option to 'uncup' my breasts. As for running for a bus or train – forget it, I'd catch the next one.

During bad months I would even have to cradle myself walking up stairs, as the slightest movement was agony. Taking off my bra at night was a slow and gentle process, lowering my breasts as opposed to letting them drop as most people can. In the bath I would get some relief from the warmth of the water, only to have to gingerly put a bra on again to go to bed, which was really very depressing. Some nights, wanting to wear 'normal' clothing to bed, I'd leave my bra off, only to turn over as I drifted off and find the pain so intense I'd have to get up and put it back on again.

Although the pain I experienced was annoying and debilitating, I never considered it to be anything life-threatening. I didn't even think of cancer. I must confess that I'm an avid reader of assorted women's magazines, which often cite the fact that most women who experience breast problems, including breast pain, suspect they have cancer, yet the vast majority – 14 out of 15 women – referred to specialist breast clinics turn out to have a benign condition.

Doctor's orders

When I went to see my own doctor I wasn't referred on but was given Prescription Only gamolenic acid. This, she explained, is based on evening primrose oil but, unlike over-the-counter evening primrose oil, provides a guaranteed amount of the most active kind of gamolenic acid in each capsule.

I had heard previously that evening primrose oil might help

my condition, but to be honest I was sceptical that any 'natural' remedy could do anything for me. I had tried different varieties of the Pill, none of which did any good, and I really didn't think my problem could be helped by a flower extract. So, I must admit I wasn't very disciplined in taking it regularly or for long enough.

Unsurprisingly, then, my pain continued to be bad, diminishing my quality of life more and more. Dejectedly, I began to accept that I was just a 'suffering statistic'. Again the magazines told me that two out of every three women suffer breast pain at some point in their lives. So why not me?

But it was frustrating and depressing that of that point in my life – when I had a good career, was young and should have been free to go out and do anything I wanted – there were times when I was forced to drastically limit my activities.

A second chance

Why I decided just recently to give Prescription Only gamolenic acid another chance, I'm not quite sure. Perhaps I was clutching at straws. But I'm very glad I did.

This time around I was very particular about taking the right dose every day (a new prescription of three capsules daily rather than six helped). For the first couple of months, there was no change, and I almost gave up again, but by this time I was in the routine of taking the capsules, so I carried on.

Then one day I woke up in a terrible mood and found myself snapping at everybody at work. They all thought I'd got out of bed on the wrong side. However, it slowly dawned on me that I was actually premenstrual and hadn't realised it, not having had the

RESOURCES



Breast Care Campaign.
Number 1, St Mary Abbots
Place, London W6 6LS. Tel: 0171
371 1510. Website
www.breastcare.co.uk
Aims to promote education
and information on non-
cancerous breast disorders.
Produces information for
healthcare professionals

Breast Cancer Care
Kiln House, 210 New King's
Road, London SW6 4NZ. Tel: 0171
384 2344. Helps women with
breast cancer and also women
with other breast disorders

Well Being
27 Sussex Place, Regent's
Park, London NW1 4SP. Tel: 0171
262 5337. Health charity which
funds research into all matters
of women's health

usual faghorn alert of painful breasts as the signal. I pradded them, but they weren't even sore and hadn't swollen. I could even run anywhere I wanted to without any problem. Heaven!

Needless to say, I'm now a real gamolenic acid convert. It can sound ridiculous when someone says something has 'changed their life', but I feel that this one simple thing has given me back a whole ten days or so each month when I can really be me. No more cradling my chest or panicking at myself if I have to get somewhere quickly.

Now to do something about those mood swings!

Traditional Chinese Medicine: does it work? is it safe?

A recent symposium on Traditional Chinese Medicine organised by the RPSGB attempted to look at the safety and efficacy of this increasingly popular branch of medicine. **Peter Houghton**, professor of pharmacognosy at the Department of Pharmacy at King's College London, reports

There are now about 3,000 outlets for traditional Chinese medicine (TCM) in the UK. It is this surging interest that led the Royal Pharmaceutical Society's Pharmaceutical Sciences Group to organise a two-day symposium last month with the School of Health, Biological and Environmental Sciences of Middlesex University where a degree course in Chinese Traditional Medicine is now in operation.

Traditional Chinese medicine encompasses a range of techniques and materials, but those most commonly known to pharmacists are herbal products, acupuncture and massage. About 500 different herbal materials are imported into the UK and are worth several million pounds each year. The issues of efficacy and safety of herbal products remain at the forefront of any discussions into TCM.

Safety

Many reported toxic effects of TCM appear to be idiosyncratic responses rather than due to a predictable activity, Debbie Shaw of the Medical Toxicology Unit, Guy's Hospital NHS Trust, told delegates at the conference. This is because unlike herbal materials, Chinese patent medicines often contain synthetic drugs or toxic minerals.

Ms Shaw outlined recent legislation in the state of Victoria, Australia, which sought to improve safety by defining those who were allowed to practise TCM and by introducing a system of legally-recognised products. The Therapeutic Goods Administration (similar to the Medicines Control Agency in UK) had introduced compulsory registration of practitioners of TCM who were the only ones allowed to prescribe and use a large number of Chinese herbal materials.

Another safety measure taken by the Australians is that the products themselves are 'listed' – a separate



Safety issues are at the forefront of discussions into TCM

category from 'registered' which corresponds to 'licensed' in UK. Listed products were processed according to Good Manufacturing Practice. There was evidence of their safety from literature sources and no claims of efficacy were made. A list of 'potent' herbs had been drawn up which only trained dispensers were allowed to supply.

Dr Linda Anderson (Medicines Control Agency, London) looked at the UK perspective and referred to the deficiencies of the current legislative position in this country with regard to Chinese and other

herbal medicines. She emphasised the fact that the quality of the materials used should not be part of the risk-benefit tension that determined whether a particular treatment was used, and she welcomed the various initiatives in progress to improve and give greater assurance of good quality material. A complicating factor in the status of Chinese medicines is that often synthetic drugs are combined with herbal material in products labelled as herbal. Such admixture is not permitted under British legislation.

However, steps have already been taken in the UK to improve the safety of TCM. Christine Leon (Royal Botanic Gardens, Kew) had recently returned from travelling around China collecting authentic plant material for the reference collection of Chinese herbal plants housed at Kew. This is part of a joint collaboration between Kew and China and is necessary for a quality assurance programme.

At present it is estimated that over 10 per cent of material that is imported is of poor quality or has been mis-labelled or mis-identified. The consequences of this can be serious as was exemplified by several incidents last summer, where renal failure had occurred when a species of *Aristolochio*, containing cytotoxic aristolochic acid, was mistakenly supplied instead of another drug. A similar situation had occurred some years ago in Belgium, which affected about 70 women. The MCA renewed its temporary banning order on *Aristolochio* earlier this month.

At present quality control by most importers and wholesalers of Chinese medicinal material in the UK is very perfunctory, but Ms Leon mentioned that there were several hopeful signs that the situation might be improving. These included her discovery that each province of China has its own authentication centre for medicinal herbs, the fact that the authentication service based at Kew is now in operation and the recent formation of the Chinese Medicine Association of Suppliers (CMAS) in the UK which aims to improve the quality of the materials on the market.

In China TCM is a fully-integrated part of healthcare. Professor David Phillipson (School of Pharmacy, University of London) said that much research and teaching is carried out in China where 30 universities devoted to TCM exist.

Continued on PVI →

Efficacy

Catherine Mortin (Sino-European Clinics) expressed concern that TCM had been embraced by the British public without very much scientific evidence for its efficacy. Much more clinical research using well-designed trials was needed for the value of some aspects of TCM to be appreciated by the wider medical community in the UK.

Shouming Zhong (Oxford Natural Products plc) described clinical studies within and outside China for the treatment of Hepatitis C. Several studies had reported very good outcomes in patients treated with prescribed Chinese herbs but no placebos were used. One study comparing a TCM herbal formula with interferon had shown that there was a better role with the herbs alone than interferon alone but that the best results were obtained when the two were used together.

Dr Amolo Roman (Department of Pharmacy, King's College London) used *in vitro* bioassays to investigate TCM herbs for treating diabetes, psoriasis and vitiligo. Although such assays are no substitute for animal or clinical studies, they can provide a lot of valuable information and can be used to discover the compounds present which may contribute to the overall activity. This is especially true if a battery of tests, each relating to a different aspect of the aetiology or symptoms of the disease, are employed.

The placebo effect is often used to explain the positive outcomes of complementary therapies and TCM is no exception. Professor Edzard Ernst (University of Exeter) discussed the results of a meta-analysis, undertaken in his department, of placebo effects in clinical trials. This emphasised the importance of the placebo effect and highlighted how well-designed clinical trials were needed to reduce its effects to a minimum.

Conclusion

The presentations provoked interesting and vigorous discussion and provided a useful forum to determine the 'state of the art' of this fascinating aspect of medicine in the UK. It was encouraging to see the steps being taken to improve quality and it will be interesting to see developments in legislation over the coming years on products used and in the creation of self-regulating bodies of practitioners. The evidence for the efficacy of TCM is relatively weak, but is growing stronger. It is hoped that more good clinical studies will be carried out to explore the potential application of the increasing body of data of interesting bioactivity arising from *in vitro* studies.

Patients capable of taking BP at home

Most patients are capable of measuring their blood pressure at home with acceptable accuracy, reports the *British Medical Journal* (1999, 319:1,172).

However, some less educated patients have poor reporting accuracy, which may affect the assessment of blood pressure.

Swiss researchers asked 54 patients with high blood pressure or suspected hypertension to measure their blood pressure at home twice daily of set times for 30 days, recording the time and readings from fully automated oscillometric blood pressure monitors.

Overall almost nine out of ten requested measurements were performed, of which more than seven out of every ten (72.8 per cent) were reported correctly. Thirty-four patients reported 80-100 per cent of measurements correctly, 20 reported less than 80 per cent correctly and 12 reported less than half correctly. The only



Picture courtesy of Braun

independent predictor of inaccurate reporting was low educational level – patients who had eight or less school years were more than three times more likely to report incorrect measurements.

Preventing smoking in the young

Children as young as four may need to be targeted in anti-smoking campaigns if attempts to catch potential smokers early are to be successful.

The authors of the latest *Effective Health Care* bulletin on 'Preventing the uptake of smoking in young people' said most anti-smoking programmes have targeted 11-17 year olds, an age group where attitudes to smoking and experimentation with cigarettes have usually already taken place. Targeting children aged 4-8 years should therefore be considered.

There is no simple way of preventing children and young people from taking up smoking. School campaigns have achieved limited success and social

reinforcement programmes seem to be more effective than traditional knowledge-based intervention.

Media campaigns can influence smoking behaviour and intensity and duration of these programmes appear to be important. The impact of laws governing sale of cigarettes to underage children is likely to have only a small impact on smoking.

However, community intervention programmes in multiple settings can have a collective influence on smoking behaviour. This, for example, would include age restrictions for tobacco purchase, smoke-free public places, media campaigns and special programmes in schools conducted en masse.

Smoking in the young has been on the increase with as many as 82 per cent of smokers taking up the habit during teenage years. The increasing number of young smokers will eventually feed through into adult smoking rates, say the authors of the bulletin. The uptake of smoking is complex and is rarely attributed to a single event. A strong factor in uptake of smoking is influence of family and peers.

Effective Health Care is produced by the NHS Centre for Reviews and Dissemination of the University of York.



Viagra for women

Viagra, the impotence treatment for men, could be prescribed for female sexual dysfunction within three to five years.

Pfizer is carrying out trials involving 800 women in Europe and Australia and the results are expected next year. It says there is no firm evidence at this stage as to which, if any, groups of female patients could benefit from treatment or, indeed, whether the product will be licensed for the treatment of women with sexual dysfunction.

However, the results of an independent trial by a US researcher Dr Jennifer Bermon, involving 200 women, have been receiving considerable media attention, even though the study has not yet finished.

Both Dr Bermon and Pfizer agree that medical effectiveness cannot be decided until the results of controlled trials are known.

DTB reviews inhaled steroids in childhood asthma

Current British Guidelines recommend the use of inhaled steroids in all but mild childhood asthma.

However, there are concerns about the long-term safety of these drugs in growing children.

In the latest *Drug and Therapeutics Bulletin*, the Consumers Association reviews the place of inhaled steroids in childhood asthma. Its main conclusions are that:

- for children with severe asthma who need to inhale high doses of inhaled steroids, and for children with milder asthma in whom the benefits may be more marginal, more evidence is needed on the ratio of safety to efficacy for each corticosteroid

- once control of asthmatic symptoms and improvement in lung function have been achieved, the daily dose should be reduced gradually to the lowest effective maintenance dose

- in the dose range 400-800mcg daily only budesonide is licensed; the equivalent dose of fluticasone, while being as effective and safe, costs slightly more.

There is some evidence that beclomethasone, in daily doses of 400mcg, can slow growth. Although inhaled steroids have not been shown to affect adult height, children taking these drugs need growth carefully monitored.

- Children needing high maintenance doses of inhaled steroids are probably best supervised by a pharmacist.

Tobramycin inhalation benefits for cystic fibrosis

Intermittent treatment with tobramycin solution for inhalation – a novel formulation of the aminoglycoside antibiotic, tobramycin – improves lung function, reduces hospitalisation and boosts nutritional status of cystic fibrosis (CF) patients, according to results of a two-year study released at the 13th Annual North American Cystic Fibrosis Conference, in Seattle, US.

Greatest benefit was seen in adolescent CF patients who recorded a 14.3 per cent improvement in FEV1 compared with baseline, together with a mean weight gain of 4.4kg.

"We saw benefits at all ages but this was a remarkable response in adolescent patients who were at an age when we generally tend to lose control of their disease," said Professor Richard Moss, head of

paediatrics at Stanford University School of Medicine, Palo Alto, US.

"The next question must be to find out whether treatment is having a disease modifying effect which actually changes the course of CF," he added.

Tobramycin solution for inhalation was developed by the US pharmaceutical company, PathoGenesis, to deliver 4 micron aerosolised particles into parts of the lower respiratory tract most commonly infected with *Pseudomonas aeruginosa* – the bacterium which causes significant morbidity in CF.

Earlier attempts to administer tobramycin in aerosolised form required much higher doses which were associated with a significant risk of ototoxicity.

In the current trial, over 500 CF patients with recent *P aeruginosa* infection were randomised to the

new tobramycin formulation 300mg bd or placebo, in a cyclical 'one month on, one month off' treatment regime for six months. This was followed by an 18 month open label extension during which all patients were offered tobramycin treatment.

At six months, tobramycin-treated patients had a 12 per cent improvement in FEV1 over baseline, while those in the placebo group showed a slight decline. During the extension, patients previously treated with placebo also had improved lung function but this remained at a level below that achieved by those on active therapy throughout.

Prof Moss explained that the improvement in weight seen in the adolescent group was unexpected but provided strong evidence of the importance of improving lung function in young people with CF.

"The fact that improving lung function and inflammation can produce such an effect on global health bodes well for future treatment," he said.

Tobramycin solution for inhalation is being considered for licensing approval in the UK and Europe.

No evidence to link aspirin with Reye's

According to two UK researchers there is no evidence to sustain the link between aspirin and Reye's syndrome in children.

Children's aspirin was withdrawn in the UK in 1986 after US and British specialists suggested that Reye's syndrome in children was a rare reaction to aspirin. The move appeared to be justified with 550 cases of Reye's syndrome in 1980 and none reported in 1994.

However, Dr Peter Lewis of the University of Bath and Professor Ken MacRae from the University of Surrey, say they have found the evidence linking aspirin with Reye's syndrome is severely flawed.

Presenting their findings at the annual Scientific Meeting of the European Aspirin Foundation, Professor MacRae highlighted some areas of concern in studies of the disease including: bias in relating the times that aspirin was taken to the onset of symptoms; susceptibility of different groups of children to the syndrome; recall of doctors and parents; and doctors only having made the diagnosis of Reye's syndrome when they knew aspirin had been given, and not when it had not.

Dr Lewis added that Reye's syndrome is a 'diagnosis of exclusion' in that it was made only when all other illnesses were ruled out. He suggests that doctors now know the correct diagnoses and Reye's syndrome may never have existed. Children with the same symptoms are now recognised as suffering from 'inborn errors of metabolism' (IEM) and treated accordingly.

Further support for their theory comes from a French survey, which found that the incidence of Reye's syndrome in France is the same as that in the UK and the US despite aspirin still being used for children without restriction.

Osteopathic therapy benefits back pain

Osteopathic therapy has been found to produce similar clinical benefits in people with low back pain as standard medical care.

Although osteopathic manual therapy (spinal manipulation) in chronic and subchronic back pain is popular, the benefits remain unknown. The study in the *New England Journal of Medicine* [341 (19):1426-1431] attempted to compare the treatment with standard medical care.

Patients who had suffered back pain for between three weeks and six months were randomised to receive either one or more standard medical therapies (n=72) alone or with osteopathic manual therapy (n=83). Standard therapies included analgesics, anti-inflammatories, active

physical therapy, ultrasound, hot or cold packs, use of corset and transcutaneous electrical nerve stimulation (TENS).

The results of treatment over a 12-week period were assessed using a variety of outcomes including a questionnaire, a visual-analogue pain scale and measurements of motion and straight-leg raising.

Patients in both groups improved over the 12-week period with no statistically significant differences in primary outcomes between the two groups. The osteopathic treatment group required significantly less medication (analgesics, anti-inflammatories and muscle relaxants) and used less physical therapy than the standard treatment group (0.2 per cent vs 2.6 per cent). More than 90 per



cent of subjects in both groups were satisfied with their care.

The authors conclude that osteopathic treatment deserves further examination through a formal cost-benefit analysis. The costs and potentially serious side effects of non-steroidal anti-inflammatory drugs and the similar outcomes in pain relief, function and satisfaction between the two groups suggest important benefits of osteopathic manipulative treatment.

PHARMACYupdate: distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the March 14

issue, which will cover this week's CPP-accredited modules, together with those in the November 6 issue.

In other words:

- Scalp disorders (1143)
- Inferility (1144)
- Stress (1145).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

C&D in association with



GENUS PHARMACEUTICALS

A new way to relieve your customers' cold and flu symptoms.

Research indicates that as many as 57% of your customers would like to use alternative medicines more often but are unsure about what products to use.*

New Beechams for Natural Relief Echinacea and Garlic contains natural ingredients known for their anti-inflammatory and anti-infective properties.

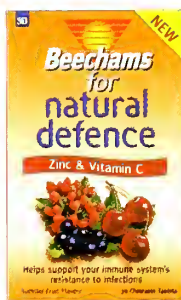


Recommended at the first signs of a cold or flu, Beechams for Natural Relief relieves cold and flu symptoms and helps to speed up the recovery process.

*Source: Mintel, Complimentary Medicines, Market Intelligence, March 1999



A new way to help maintain your customers' immune systems.



When winter viruses attack the body's natural response is to activate its immune system.

So if your customers don't always have a healthy balanced diet, new Beechams for Natural Defence taken daily will help maintain their immune system by supplying them with essential Zinc and Vitamin C.

A massive £1.6 million magazine, press and bus advertising campaign, an integrated consumer R programme and the benefit of a further £4 million TV spend on the Beechams brand this winter.

Stock up now. Because it's that Beechams time of year again.

Beechams for Natural Relief Echinacea and Garlic. Product Information. Presentation. Yellow sugar coated tablet containing Garlic Powder BHP 330 mg, Echinacea BHP 50mg. Uses. Herbal remedy for the symptomatic relief of colds and flu. Dosage and administration. Adults: 2 tablets 3 times a day with water. Do not chew the tablets. Children: not recommended. Contraindications. Sensitivity to any of the ingredients. Precautions. Do not exceed the stated dose. Pregnancy. Not recommended. Legal category. GSL. Product licence number. PL 00418/5063. Product licence holder. CPS, William Nadin Way, Swadlincote, Leicestershire, DE11 0BB. Distributed by SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. Package Quantity and RSP. 30s £3.99. Information prepared. July 1999. Beechams, Beechams for Natural Defence and Beechams for Natural Relief are trademarks of SmithKline Beecham.



Croydon pharmacist **Andrew McCoig** argues that pharmacists have a frontline role to play in the campaign to curb the use of antibiotics

Time to break down people's stubborn resistance...

The three sentences illustrated right are pitched at the understanding level of a 14-year-old child and form the opening salvo in the latest government leaflet, which attempts to draw public attention to what is developing into a real crisis in medicine management.

People must be convinced that antibiotics are ineffective for the treatment of the vast majority of minor illnesses and that these illnesses are caused mainly by viruses, which do not respond to any known antibiotic.

The threat of overwhelming bacterial resistance to antibiotics is nothing new. It was in the mid-1950s in Japan that the first transmissible antibiotic resistance genes were discovered¹.

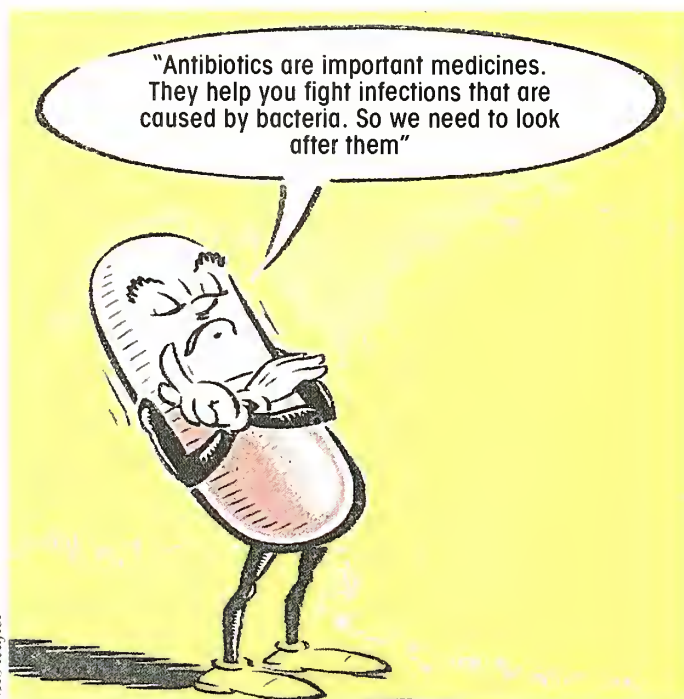
Since the end of the Second World War, the pharmaceutical industry has been racing to produce more effective and potent antibiotics with the spectre of growing bacterial resistance on the horizon. The current debate over the use of antibiotics in animal feeds has been a contributory factor to the acquired resistance now demonstrated by major pathogenic strains.

The current direction taken in antiviral drug research may be part of the answer to certain infections, but it does not address the historical trend of antibiotic prescribing that must be resolved in routine medicine today.

It is quite clear that no matter how inventive pharmaceutical researchers have been, all the licensed antibiotics available on prescription today will enjoy only the briefest of periods of sustainable potency.

It is in everyone's interest that we slow down misplaced dependence on these drugs and promote symptomatic relief for all minor ailments. This responsibility rests on the shoulders of all healthcare professionals, but especially on doctors and pharmacists.

In addition to the recent leaflet from the Department of Health dealing with educating the public



NHS leaflet

away from antibiotic dependence, manufacturers like Crookes Healthcare have produced a leaflet for GP surgeries explaining the benefits of responsible self-medication. This type of initiative makes patients more aware of their own responsibilities in relying less on the NHS for minor illness.

The Government is also staging a major winter health campaign in which pharmacists feature prominently.

The intention is to place more emphasis on self-medication to relieve pressure on GP prescribing during the winter months. Community pharmacies will be one of the direct beneficiaries of the winter advertising campaign.

GPs' surgeries have already issued 'non-prescription' pads in anticipation of the predicted winter demand. Patients issued with these 'non-prescriptions' will also be told to speak to their pharmacist about other remedies they can safely take for their symptoms. This presents us with a major professional and commercial opportunity.

In part, people's reliance on antibiotics has been due to a perception that they may be unwilling to spend sensible amounts of money on OTC medicines to address their health problems.

Are we content to treat a sore throat with a lozenge preparation and give change from £2.50? Is it not too much to expect that a single product will achieve what the customer needs? Many pharmacists may resist recommending more expensive regimes of treatment for fear of appearing to be greedy. In the light of the new Government's campaign, we should be a little more assertive in our recommendations, based on an assessment of the symptoms.

We should bear in mind that two prescription items cost £11.80 for non-exempt patients. I believe that there is no better bench mark – one that has been set and determined by government.

It may not serve the customer well to let them assume that one product alone will deliver the speed of recovery they obviously want. There

is an abundance of complementary and synergistic OTC medicine at our disposal. It would be foolish to overlook the option of recommending more than one.

One could quite legitimately suggest, for example, something like Strepsils lozenges or spray for a sore throat, an OTC non-steroidal for any associated fever and inflammation, and maybe an anti-inflammatory gargle to complement the lead recommendation.

There is a definite need to make sure that the customer understands that all minor ailments are self-limiting, and that with the proper medicines at the correct dosage, allied to a little patience, relief will come.

Whatever the illness, there is always an opportunity to reinforce the message that two, or even three products, properly taken and understood, may be needed to reduce visits to the GP surgery.

If there is cause for concern about the condition, a referral to a doctor must, of course, always be made. If a number of OTC remedies have failed to address the symptoms, then GPs do have alternative treatments to antibiotics to prescribe. For example, there are now throat lozenges which include an anti-inflammatory agent.

The current prescription charge should also act as an incentive to those who normally pay for prescriptions to visit their pharmacy first, and this will be encouraged. The Government's advertising campaign will assist us in helping the customer to take more responsibility about treating their winter cough, colds and sore throats.

We must ensure that the accessibility of the pharmacy and the professional help within will prevent millions of customers from becoming NHS patients through the winter months.

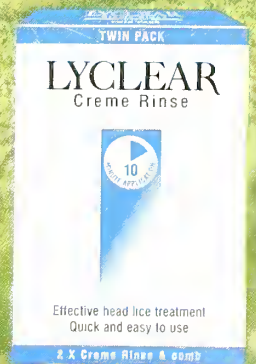
References

1 'Origins, Acquisitions and Dissemination of antibiotic resistance determinants', Julian E Davies, Department of Microbiology and Immunology, University of British Columbia, Canada, 1997

10 MINUTES AGO THE WILSONS DISCOVERED THEY HAD HEAD LICE.



It only takes 10 minutes to treat head lice effectively with Lyclear. Yet it's gentle, pleasant smelling and easy to use. As well as single packs, Lyclear is now available in twin packs so two people can be treated. Which is bad news for head lice but good news for families.



Permethrin

Preparation: 1% permethrin in an orange creme rinse base. **Uses:** Treatment of head lice infestations. **Dosage and administration:** Adults and children over 6 months: wash, rinse and towel-dry hair. Apply enough Lyclear Creme Rinse to saturate the hair and scalp, leave for 10 minutes then rinse. **Contra-indications:** Hypersensitivity. **Pregnancy and lacta-**

tion: Under medical supervision. **Side effects:** Generally well-tolerated, rarely scalp irritation. **Price (ex VAT):** 59ml £3.23, 2x59ml £5.95. **Legal category:** P. **Further information:** Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh SO53 3ZQ. **Product licence number:** 15513/0019. **Date of preparation:** May 1999.

Sales to dye for

The biggest party in a thousand years is almost here and women everywhere are getting ready to make an impact at the millennium celebrations. Never before has the potential for selling hair colorants in the pharmacy been so good.

The £166 million home hair colorant market is booming with sales in pharmacies up by 5.7 per cent this year (Information Resources, October 1999).

The use of hair colorants is becoming more popular with women of all ages. Key Note research shows that 35 per cent of women have used hair colorants in 1999, with 15-19-year-olds accounting for the largest group (53 per cent have used hair colour this year).

Since 1994, 1.5 million more women have been attracted into the British colorants market, according to Taylor Nelson Sofres.

Of the new users, 435,000 came from the 45-54-year-old age group, suggesting that more mature women have more time for themselves and are prepared to spend longer on their appearance.

Fashion predominates among the young whereas covering grey is, not surprisingly, a motivation for the older end of the market. Both sectors are growing.

Although a great deal of fashion colouring does take place at home, research by Taylor Nelson Sofres shows that when it comes to covering grey hair, women often prefer to visit a salon.

So, is it the risk of the DIY job going wrong that leads potential pharmacy customers to head for their nearest hairdressing salon?

Consultancy service

"One of the reasons that consumers go to a salon for hair colour is so they can leave it to the hairdresser to achieve their desired colour," says Charlie Hamlin, Clairol education manager.

"Hair colouring is quite a complex process and we can't expect consumers to understand all they need to know," she says. "For people to find it a simple, emotionally uplifting experience, they need to



Bristol-Myers

Home hair colouring is more popular than ever and sales of colorants through pharmacies are up by over 5 per cent this year.

Sarah Thackray focuses on how pharmacies can build on this growing sales opportunity

have someone to speak to and give them advice.

"Hair colouring is particularly pertinent to independent pharmacies, which have a tremendous

opportunity to help consumers.

"Covering grey hair is a major trigger for buying a colorant and pharmacy staff are often asked for advice on how to achieve this."

Ms Hamlin believes that in order to provide true customer service within the pharmacy retail environment, there needs to be a strong focus on staff training so that the right advice can be passed on to customers.

"The recent growth in sales of level 3 (permanent) hair colorants is creating an even greater need for training in order to improve the consumers' understanding of the capabilities of these products.

"Purchasing a level 3 product requires a different level of commitment, depending on the degree of change of colour. Consumers are becoming increasingly confident in using permanent hair colorants because they have more trust in the products' gentleness and efficacy than in the past."

Fear factor

Although Ms Hamlin reports a move away from the fear factor in terms of hair damage, she believes there is still anxiety when it comes to shade result.

"There is still a great degree of nervousness around, with customers wondering why they don't get the result that is shown on the pack," she explains. "The consumer's natural hair colour is a big influencing factor on the colour result.

"On the reverse of the Clairol packs we show the colour result on different natural hair colours. Although consumers select a shade on the basis of the head shot on the front of the pack, they can turn the pack over to see what the result is going to be on their particular hair colour.

"Selling hair colorants requires a two pronged attack. Customers want to know how long the colour is going to last and which shade to choose.

"Correct recommendation in the first place will encourage future purchase of hair colorants. Trained consultants say their customers come back to them time after time, having built up trust and confidence in the pharmacy's advice.

"Consumers can be put off hair colouring if a product doesn't provide the intended result. All too often, the product chosen isn't formulated to achieve the desired colour.

"A good example is the case of a

Sales tips

- Take care with range and space planning – get the right product mix on shelf
- Communicate clearly to the consumer via on shelf education
- Support sales staff with staff training to provide a consultancy service for customers

first-time user with medium brown hair who wants to lighten their hair to blonde. If she takes a blonde level 1 product home, she is going to be disappointed. A consultation is necessary to help her understand the process she has to go through in order to achieve that colour."

Clear communication

Bristol Myers' research shows that consumers want very simple, easy to understand terminology and are confused by terminology like semis, demis and tone-on-tone. For this reason, the company uses the level system to distinguish between the different types of colorants.

Ms Hamlin explains: "The level system is something that consumers are familiar with in other sales categories like cheese, wine and suncare. A numerical system reinforces the message that the fixture is segregated."

"Although a large number of pharmacies now merchandise colorants by level, this isn't always communicated to the consumer via on shelf education."

"Again, let's take the example of a first-time user who is shopping for a hair colour to lighten her hair. If the fixture indicates that it is only level 3 that will lighten her hair, this will immediately reduce the choice of products – making selection simpler."

Shade selection

Ms Hamlin believes that the real expertise comes in shade selection rather than product selection. "There are many factors that influence the result, which is why the shade guides are so helpful."

"Some retail outlets don't like using shade guides because they have difficulty in siting them. Shade guides are not part of the fixture but will aid the consultation process."

"The colours shown on the packs rely on the print process so although they may provide a guide, they are not as accurate as the nylon colour swatches on the shade guides."

"It's much easier to give a consultation with a shade guide because the customer can visualise the actual result and walks away without being fearful of applying that colour to her hair."

Sales of hair colorants are booming at Lloydspharmacy in Newmarket, Suffolk, where Tanya Dickson, retail sales manager, confidently offers customers advice about hair colour.

This year, Lloydspharmacy has introduced a new staff training programme for hair colouring. Devised in conjunction with Bristol-Myers, the training aims to get the customer to 'buy the right colorant, first time'.

Ms Dickson comments: "You feel so much more confident when talking to a customer knowing you are not just trying to bluff your way through."

"People don't have the budget to go to a salon every five or six weeks to have their hair coloured. Our typical customers vary from teenage girls who want to go wacky for the evening to greying middle aged ladies who have never coloured their hair before."

"More men are colouring their hair, too – young men are going from one extreme to the other with fashion looks and more older men want to cover grey hair."

"Five years ago, men would probably have sent their wives out for a hair colorant but now they are not embarrassed to ask for advice."

Lloydspharmacy has introduced new merchandising material that is colour co-ordinated for each colorant level. The barker cards highlight the keypoint of products in that level, clarifying what the colorants in that category can and can't do.

Ms Dickson explains: "The main aim of the merchandising material is to direct customers to the right product. It's important not to make the fixture too busy. If you have too many barker cards on a section, the customers will just take one glance at it and then walk away."

The Newmarket branch of Lloydspharmacy has four bays of hair

colorants, while smaller branches only have two bays.

To make it as easy as possible for customers, level 1 colorants are on the two top shelves, level 2 products are on the two middle shelves and level 3 products are on the two bottom shelves. Every four weeks there is a new promotion on hair colour.

Ms Dickson says: "People spend more time at this section than any other area of the shop. By coming into the pharmacy and looking at colorants, they have already decided that they want to colour their hair."

She talks to customers to discover the colour they are trying to achieve, looks at their natural colour and then recommends a shade based on the various colour results shown on the back of the packs.

Customer checklist

When customers are looking for a colorant, they are asked the following questions:

- what colour do you want to be?
- how permanent do you want the colour to be?
- what is your natural colour?
- do you have any colour on your hair at the moment?
- has your hair been permed in the last week?

When recommending a product, Ms Dickson always advises customers to carry out a test on their hair before using any colorant.

She explains: "We are breaking away from using terminology like tone-on-tone because customers find it confusing. If you tell a customer that colorant is tone-on-tone, they usually don't know what you are talking about."

"Once a customer has made a product choice, it's important to offer reassurance to ensure that it is the colour that she or he wants."

Common mistakes

"Problems often occur because the colour of the product immediately after application does not look the same as the final result."

"This can frighten people because they apply the colour, look in the mirror, panic and wash it off too quickly. They can be left with awful results because they haven't followed the instructions properly and don't understand the stages that the hair goes through with colouring."

"Another frequent problem is that people often complain that they are not getting enough grey coverage from a colorant. "If someone with greying hair wants to get rid of the grey, but keep their same natural colour, it's always best to go a couple of stages lighter than their natural hair colour."

Ms Dickson believes there is much less of a fear factor today because products have improved, are easier to apply and wash off and have non-drip formulations so there are no ruined towels! She says: "Home hair colouring is much easier than in the past and people are realising that they can do it themselves without having the cost of going to a salon."

"The majority of our staff have used hair colorants themselves. If you have applied hair colour yourself, it's easier to recommend colorants to customers."

"Hair colour is not something to be taken lightly. It can give someone a complete boost or, on the other hand, it can be a real disappointment if an unsuitable product is chosen."

"If you are confident and know your advice is right, you will have a happy customer who is going to come back to the pharmacy. In fact, not only does the customer herself return, but the chances are that her sister or mum will come in and ask to speak to the lady who knows all about hair colour!"



Tanya Dickson (right) helps a customer with hair colorants at Lloydspharmacy in Newmarket

Pharmacy development groups got a chance to see what their colleagues were getting up to this week

pharmacy in a
new age

Nine core objectives for taking forward pharmacy development groups have been outlined to group members this week, along with obstacles which frequently hold them back.

Speaking at the first PDG Conference at the Royal Pharmaceutical Society's headquarters in London on Monday, Anne Adams, project manager, Building the Future, also outlined three initiatives to help encourage PDGs.

The nine objectives identified for PDGs are:

- convincing others of the value of the contribution of pharmacy. This objective has local decision makers in mind who may be unaware or unconvinced of what pharmacists can do, and have therefore tended to marginalise the profession

From little acorns ...

The first meeting of the Hull & East Riding PDG was convened by a CPPE tutor, its secretary, Andrew Hersom, said. Among its first activities were a small audit (funded by the health authority), a survey on smoking cessation services and writing bids with the local pharmaceutical committee for extra services.

The PDG was then re-organised into subgroups which concentrated on specific projects. So far it has received a £30,000 grant for a palliative care project, and grants for a prescribing project, for health promotion training of pharmacists and their staff, and a millennium smoking cessation project.

Mr Hersom attributed the group's success to strong support and liaison from the HA pharmaceutical adviser and the LPC. It also provided a non-threatening forum for pharmacists from different disciplines to work in.

East Riding LPC now employs a part-time pharmacy facilitator who has

PDGs building the future

- influencing local strategic decisions
- identifying opportunities for local development, by providing an 'intelligence system' to inform pharmacists of new sources of funding
- developing new, sustainable models of practice, thus allowing pharmacists to deliver the 'New Age' in a way which attracts sufficient revenue for the services to be sustainable in a commercial environment
- disseminating details of successful initiatives, so that they can be adopted elsewhere
- meeting the personal development needs of pharmacists
- attracting new resources for development work
- unifying the profession locally by bringing together groups which may not otherwise find a way to work together
- stimulating and mobilising the enthusiasm of pharmacists who want to innovate.

There are obstacles which prevent these objectives from being pursued, said Anne Adams. Most groups receive little or no financial support, a particular handicap when it comes to administration.

This lack of financial support can undermine the enthusiasm of the relatively small number of pharmacists actively engaged in development work, she warned.

taken on some of the PDG roles, but who also calls on the PDG for help.

The PDG has more work to do than it can cope with. Its members are now recording their time and expenses in the hope of getting some administrative funding, said Mr Hersom.



Andrew Hersom, quality development manager, R&D laboratories, Reckitt & Colman and PDG secretary

Ineffective communication means many pharmacists do not possess sufficient knowledge or understanding of the policy environment in which development work takes place, and examples of successful innovation are not always well documented.

What are PDGs?

Pharmacy development groups are groups of pharmacists with varying membership which work within a health authority or primary care group boundary to take the profession forward in the direction laid down in the 'Pharmacy in a New Age' manifesto

In the action zone



Nicola Gray has been a PIANA co-ordinator in the North-west since 1995

Nicola Gray and Karen O'Brien are joint project managers for the 'Pharmacy Partnerships' joint LPC/health action zone initiative in Manchester, Salford and Trafford.

Miss Gray, who has been a 'New Age' co-ordinator in the North-west since 1995, explained how a joint organisation had been formed in July to put ideas forward for consideration by the HAZ director.

A survey of local pharmacy contractors showed broad support for projects in the areas of smoking cessation, instalment dispensing, medicines review and teenage pregnancy. Feedback was sought from the HAZ director on the results with his agenda in mind.

Programmes on medication review and teenage pregnancy are being pursued by steering groups in two LPC areas. "Watch this space," was Miss Gray's advice.

ABBREVIATED PRODUCT INFORMATION.

Tixylix Night-Time / Tixylix Night-Time SF
Original and sugar-free linctuses containing 1.5 mg Promethazine Hydrochloride BP and 1.5 mg Pholcodine BP in 5 ml. For the symptomatic relief of cough and colds in children; especially useful for irritating night cough. **Dosage:** Administer two or three times a day. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** Hypersensitivity.

Precautions: Caution in asthma, cardiovascular disease and epilepsy. If symptoms persist for more than 7 days consult a doctor. **SE:** Drowsiness can occur but this is not considered an undesirable effect. Other effects could include dry mouth, headache, fatigue, dizziness, palpitations, stomach upset and rash. **Interactions:** Alcohol, tricyclic antidepressants, hypnotics, anxiolytics, antihistamines or opioid analgesics.

[P]. PL 0030/0080 & PL 0030/0081.*

Tixylix Inhalant[†] Contains 25 mg Menthol BP, 20 mg Eucalyptus Oil BP, 60 mg Camphor BP and 50 mg Turpentine Oil BP per capsule. For the relief of head colds, catarrh, flu and hayfever. **Administration:** Babies 3 to 12 months: sprinkle contents onto a handkerchief. Place out of reach of the baby. Children 1 year and over: sprinkle onto bed-linen, pillow or night-wear at night. Tip the contents of one capsule into pint of hot water and inhale the vapours. Always use under parental supervision.

CI: Hypersensitivity. **Precautions:** For external use only, avoid direct contact with the skin, eyes or nostrils. **GSL.** PL 0030/0083.* **Tixylix Daytime**[†] Contains 4 mg Pholcodine Ph Eur in 5 ml. A cough suppressant. **Dosage:** Administer six hourly as required. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** When cough suppression is inadvisable. **SE:** Nausea and drowsiness. [P]. PL 0030/0090.*

Tixylix Chesty Cough[†] Contains 50 mg Guaiphenesin Ph Eur in 5 ml. Relief of chesty coughs, hoarseness, and sore throats. Helps loosen mucus to make breathing easier. **Dosage:** Administer 4 hourly. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **Precautions:** Should not be taken with a cough suppressant. **GSL.** PL 0030/0082.*

Tixylix Cough and Cold[†] Contains 20 mg Pseudoephedrine Hydrochloride BP, 2 mg Chlorpheniramine Maleate BP and 5 mg Pholcodine Ph Eur in 5 ml. Cough suppressant and decongestant. **Dosage:** Administer six hourly as required. Do not exceed three doses in 24 hours. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** Hypersensitivity, tachycardia and severe cardiac disorders. Those taking MAOIs or who have taken MAOIs in the last two weeks. Not recommended during an acute asthmatic attack. **Precautions:** Caution with epilepsy, severe diabetes mellitus, hyperthyroidism and hepatic insufficiency.

SE: Drowsiness can occur but this is not considered an undesirable effect. Other effects could include dry mouth, headache, fatigue, anxiety, restlessness, dizziness, stomach upset, palpitations, tachycardia and rash. **Interactions:** MAOIs, tricyclic antidepressants, hypnotics, anxiolytics, antihistamines, decongestants, or opioid analgesics. [P]. PL 0030/0089.* **Retail prices** - 1. £2.89, 2. £2.09. **PL Holder** - NOVARTIS Consumer Health, Wimblesbury Road, Horsham, West Sussex RH12 5AB.

What makes Tixylix® No.1 for sales?



Mums can see it on TV (when they get a chance!)

We know how important your advice is to mums worried about children's coughs and colds.

That's why to ensure that Tixylix stays No.1 our TV commercial works hard to bring Tixy mums into your pharmacy. This year we're investing **£2 million in national support for the brand.**

And, with the widest range, it's no surprise that Tixylix is still outperforming every other children's cough range.

So stock up now by calling our customer care hotline today on 01403 323953.

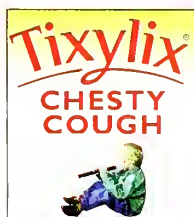
Tixylix®

Specially made for children

For further information visit our website at: www.tixy.co.uk



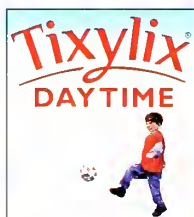
UK's leading children's care charity is supported by makers of Tixylix and Tixymol. Registered Charity No. 296295



Guaiphenesin



Pholcodine
Pseudoephedrine
Chlorpheniramine



Pholcodine



Pholcodine
Promethazine



Pholcodine
Promethazine



Menthol, Camphor
Eucalyptus
Turpentine Oil

Pharmacists can offer more to local commissioning groups than prescribing advice – so get involved, argues **Georgina Craig**, head of the NPA's professional development department

More than a prescribing adviser

Are pharmacists in danger of missing the chance of securing a place at the heart of strategic decision making on local commissioning groups – PCGs in England, LHCCs in Scotland and LHGs in Wales – by focusing on prescribing advice as their main contribution? These groups, after all, are key influencers in primary care in the new NHS.

When the White Paper, *The new NHS: Modern, Dependable*, and its Scottish and Welsh equivalents were published in 1998, announcing a move to cash limited budgets, the pharmacy profession placed great emphasis on its contribution to the management of the drugs budget.

Publications like *GP prescribing support, a resource document for the new NHS* (National Prescribing Centre, 1998) rightly focused both pharmacists and GPs on this valuable role.

However, the advent of local commissioning groups has fundamentally changed the power base and decision making process in primary care. In times of change, those who have a clear vision and who grasp small opportunities within a strategic framework can make swift progress towards the most challenging of goals.

Grasping chances...

Community pharmacists have had the opportunity to do this and to re-engineer their role in decision making. In a number of areas, LPCs and APCCs have overcome considerable obstacles and are now in a pole position to influence primary care development – a position the profession has never been in before.

In addition, community pharmacists have a place on the board of every LHG by right in Wales. In England, PCGs can co-opt community pharmacists to the PCG Board, and 20 have chosen to do so. In

Scotland, 15 community pharmacists have been appointed to LHCC boards.

But why does a place at the table matter so much? And is it really worth the effort? The key is being in a position to argue for investment and to influence decisions that will have a significant impact on community pharmacy before it is too late.

A number of people, including NPA chairman Kirit Patel, have warned that local commissioning groups and PCTs pose many threats for community pharmacy (see *C&D* xxx). The threats of centralised bulk purchasing of medicines, of one-stop health centres and competitive tendering of in-centre pharmacy contracts, and the development of salaried pharmaceutical services are all there.

Policy switches of this kind are not taken quickly. In areas where there is a pharmacist on the board, he or she will be able to point out the implications

for community pharmacists and make the case for solutions that meet everybody's agenda.

... before it's too late

Where community pharmacy is not represented, it is unlikely that the board will pro-actively seek local contractors' views on such developments. Furthermore, it will only be towards the end of the decision making process that consultation will begin. By then, it is too late to influence effectively.

Local boards will ultimately be taking decisions on primary care development. They have a pre-set agenda for service development – the health improvement programme – but how they go about achieving health improvement is up to the board.

Most people are not good at thinking 'outside the box'. If the problem is smoking cessation, most

GPs will say: 'Give me a nurse to run smoking cessation services'. This might sound ridiculous, but the obvious is easy to overlook when you

Continued on P32 →



Jason Benetton

The National Pharmaceutical Association can help pharmacists who feel input at strategic level within PCGs is an opportunity not to be missed. If you are interested in getting involved, call the NPA's professional development department on: 01727 858 687 extensions 339, 217 or 293. It can provide materials to help members and LPCs to make the case for appointment to boards in England and Scotland. It also has resources to help those who have been co-opted to make the most of the opportunity.

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Conditions of Entry
The competition draw is open to all pharmacists and pharmacy assistants in the UK. Only one entry per person is permitted. The closing date is 31st January 2000. The first 5 correct entries drawn will win the loan of a Lotus Elise for a weekend (Friday noon to Monday noon). This weekend must be taken before 31st December 2000. In the event of insufficient correct entries being received, prizes will be awarded on the basis of the greatest number of correctly identified words in a grid. No cash alternatives will be offered. All entries remain the property of Stafford-Miller Limited, Broadwater Road, Welwyn Garden City, Herts. AL7 3SP. The judges decision is final and no correspondence will be entered into. Winners will be notified by post within 28 days of the closing date. A full list of winners will be available on request from Stafford-Miller Limited.

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S	C	R	I	P	Q	S	M	B	E	L	L	I	C	E
C	H	O	A	R	Z	O	B	E	L	O	S	O	A	L
R	N	E	R	E	U	Q	A	L	P	N	A	L	R	I
M	O	L	T	F	I	C	A	G	A	D	L	T	A	F
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Z	S	P	H	V	O	E	E	Y	C	P	E	R	L	T
T	N	U	B	E	O	T	T	A	X	A	I	A	L	S
R	E	A	R	L	R	O	M	E	S	S	R	N	Y	I
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Q1. What should I recommend to my customers who feel lethargic or have lost their appetite?

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Q2. What does Effico Tonic contain and how does it work?

It's the only tonic to contain an appetite promoter and two 'B' vitamins Thiamine (B₁) and Nicotinamide (B₃). Deficiency of these vitamins can cause fatigue, lethargy and loss of appetite. These two 'B' vitamins help release the energy from food and the caffeine acts as a gentle stimulant.

Q3. Tonics are renowned for their unpleasant and bitter taste. How does Effico Tonic compare? The product was reformulated to improve the flavour. Consumer research indicated very clearly that the reformulated Effico Tonic taste is preferred to its competitors. Effico Tonic has a great tasting mixed fruit flavour.

Q4. Is this an expensive option for my customers?

Effico Tonic is a cost-effective option at £4.79 for 500ml; this equates to a cost per day of only 29p*.

* cost per day based on two 5ml spoonfuls taken 3 times daily.

Abbreviated Product Information: Further information is available from the product licence holder: Pharmax Limited, Bexley, Kent, DA5 1NX.

Legal Category: GSL.

→Continued from P30

are making decisions at break neck speed to ensure government targets are met.

A community pharmacist board member can remind the group of the role pharmacists currently play and make a case for investment in the development of this role as part of the broader primary care agenda.

He or she can encourage the board to re-evaluate the way that community pharmacists work and how the profession can help ease

pressure on general practice, eg through pharmacy-led minor ailments schemes.

Pharmacists who wish to develop their professional services will benefit from being able to provide properly funded services that are part of the PCG agenda - instead of scrambling around for funding for pilots that are rarely sustainable.

Involvement in the board can also be rewarding from a personal point of view. It broadens understanding of the NHS and primary care and exposes pharmacists to other

peoples' professional reality. This can spark ideas that will help improve contractors' business management and professional skills.

In either instance, the pharmacy business will ultimately benefit.

References

Secretary of State for Health. (1998) *The new NHS: modern, dependable*. The Stationery Office, London.
National Prescribing Centre and NHS Executive. (1998) *GP prescribing support, a resource document for the new NHS*. National Prescribing Centre, Liverpool.

The establishment of primary care groups and their equivalents in Scotland and Wales is giving community pharmacists enormous opportunities to work at both operational and strategic level to ensure that pharmacy's voice is heard. **Pamela Mason** talks to some of them

Chris Martin

Chris Martin is vice-choirmon of Pembrokeshire LHG. He is on the prescribing, primary core development and clinical



governance subcommittees. As the finance lead on the LHG, he advises on funding and provides an overview on budgeting. He helps to see that pharmacists are involved in giving prescribing advice, repeat prescribing initiatives and are the first port of call for minor ailments, as part of the LHG primary core development plan. Putting pharmacy on the map and providing a 'pharmacy slant' on healthcare issues are among his main achievements - working to tight deadlines and thinking on his feet are probably the greatest challenges. Involvement with the board has given him a clearer understanding of the complexities and the number of different people and agencies involved in delivering healthcare. So, what advice would he give to others wanting to get involved? "Get to know all the stakeholders. Get the chair of the LMC and the chair of the PCG along to LPC meetings. Talk to lay members and invite them along to an open meeting. Show everyone involved that you care about what you are doing."

Hugh Purves

Hugh Purves is a lead LHCC pharmacist in Fife with a remit to provide pharmaceutical advice and direction as appropriate, giving full consideration to the pharmacy contractors in north east Fife.

More specifically, he is a member of a number of working groups, including the prescribing group, and the clinical governance group. He is looking to develop a role for pharmacists in the clinical governance model for north east Fife.



He is keen to make sure that LHCC policy is not detrimental or threatening to pharmacy. Several community pharmacists are now involved in giving prescribing advice to GPs, and one of his achievements has been to negotiate payment for this at a realistic rate.

What has he learnt? Being involved with an LHCC is a great learning process for everyone, he says. Seeing the way other health professionals work makes shared core and multidisciplinary working so much easier. And despite commercial competition, community pharmacists can work together on a clinical agenda.

But he says his involvement would not have been possible without the support of the GPs and the pharmacist contractors. This is his main advice to other pharmacists wanting to get involved: "Get to know the LHCC structure, get to know the key players and enlist their support. Personality and communication skills play an enormous part in this."

Bill Sandhu

Having already done a lot of work with the GPs in his area, Bill Sandhu was co-opted on to his local PCG board in Essex. A member of the prescribing, clinical governance and

joint formulary development subcommittees for three PCGs, he provides informed input into issues affecting community pharmacists. He sees his role as partly educative,



making others aware of what community pharmacists do. He advises on issues related to the pharmacy contract and dispensing issues associated with the health improvement programme, and also promotes pharmacist involvement in health promotion. He has achieved much in raising the profile of pharmacy.

However, he has also had significant input into areas not directly related to pharmacy. For example, the PCG wanted to develop a mission statement, and following a meeting to discuss the issues, he was asked to pull together the main points. That he has gained a more intimate knowledge of the NHS and how it works almost goes without saying, but what he values is working in an environment where he is forced to think through issues thoroughly. His advice to other pharmacists wanting to get involved is to be well prepared for meetings. "Study the background, prepare a paper, get a colleague to review it, and before presenting it at a PCG meeting, initiate dialogue with as many individuals as possible, particularly if it's an issue that affects several subcommittees. Present every case on the basis of the PCG aims and objectives. Look at everything from the PCG perspective. It's important to climb out of your own box."



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Express relief from bloating and trapped wind

Product Information: Presentations: **Settlers Wind-eze** – simethicone USP 125mg in white tablet and **Settlers Wind-eze Soft Gel Capsules** – simethicone USP 125mg in a soft gel capsule. **Dosage & Administration:** 1-2 tablets **Settlers Wind-eze** to be taken before swallowing, or 1 **Settlers Soft Gel Capsule**, to be taken 3 or 4 times daily after meals. Not recommended for children under 12 years. **Uses:** Antiflatulent agent for the symptomatic relief of flatulence, wind pains, bloating, abdominal distension and other symptoms associated with gastrointestinal gas. **Precautions:** Should not be used by patients with known hypersensitivity to any of the ingredients. Do not

use for longer than 14 days. Seek medical advice if symptoms persist or worsen. May be used safely during pregnancy and whilst breast feeding.

Legal Category: GSL **Cost (inclusive of VAT):** **Settlers Wind-eze** – £1.89 (10's), £3.29 (30's) **Settlers Wind-eze Soft Gel Capsules** – £3.49 (20's). **Product Licence Numbers:** **Settlers Wind-eze** – PL0036/0084, **Settlers Wind-eze Soft Gel Capsules** – PL0036/0073. **Product Licence Holder:** Stafford-Miller Ltd., Welwyn Garden City, Herts. AL7 3SP. **Date of Preparation:** Sept 1998. DO4005

STAFFORD-MILLER

'All APS products now in patient packs'

APS-Berk claims to be the first major generic manufacturer to supply all its products in patient packs.

The company said it had always been at the vanguard of the patient pack movement because it saw the initiative as the best way of complying with European label and leaflet legislation.

John Beighton, APS' sales and marketing director, said: "If the UK Government is serious about working with the law, it must ensure that patient packs are included in the *Drug Tariff* at the right price. It must also quickly tackle rounding issues so that we rapidly move to prescriptions being dispensed in intact patient packs."

The Office of Fair Trading is set to investigate whether the generic industry has been involved in "anti-competitive practices".

API gets go ahead for judicial review of PPRS

The Association of Pharmaceutical Importers has won the right to a judicial review of the Pharmaceutical Price Regulation Scheme.

API, which represents the majority of parallel importers in the UK, had lodged the application last month on the grounds that the PPRS is anti-competitive (*C&D* October 23, p44).

The judicial review hearing is expected to take place before Easter 2000 - the Department of Health has 56 days to collect evidence in its defence and 21 days to reply.

John Barker, chairman of the API, said its successful application was

good news "...because it means that we can have the PPRS examined on the question of competition".

The API is confident it has a strong case. "As the court is satisfied we have a case for a judicial review, our evidence must be compelling," he said.

The DoH has long maintained that Frank Dobson, then health secretary, and itself, had never promised to introduce a new PPRS scheme that would help cut parallel imports. Mr Barker agreed: "We don't believe that the DoH targeted or intended to reduce parallel imports, but that's not the point because it effectively gave the

[pharmaceutical] companies the chance to reduce their prices selectively to deal with parallel imports," he said.

Pfizer's decision to load its price-cut purely on Lustral, he added, was one of many examples of how manufacturers had taken advantage of the new rules.

The Association of the British Pharmaceutical Industry said it was talking to its members to decide what action to take.

The Department of Health was unavailable for comment as *C&D* went to press.

OFT quizzes Boots about 'locking out' its rivals

The Office of Fair Trading has contacted Boots the Chemists after receiving complaints that the chain is blocking retailers from opening up similar stores in shopping centres.

The OFT has confirmed that its concern stems from *solus* agreements, also known as lock-out clauses, that the owners of new shopping centres have offered as inducements to BTC

outlets and other flagship stores.

It said it has received a number of complaints recently about BTC's *solus* agreements.

The latest move is ironic because BTC complained last week that supermarkets had created virtual monopolies in some geographic areas, through out-of-town stores, by not allowing other retailers to open stores along-

side the supermarkets, or to develop adjacent sites. (*C&D* November 13, p52)

BTC said *solus* agreements were driven by landlords and that most major retailers have been involved in such deals. It stressed it had entered into "a handful" of such agreements, mainly in city shopping centres, over the past few years. And these agree-

ments lasted only a few years.

"There's nothing stopping retailers opening up stores next to these shopping developments," said a BTC spokesman.

BTC's aim was not to block out every competitor - its Prince Bishop's development in Durham granted exclusive shopping rights to Superdrug, he said.

Field Pharmacy scoops top prize in UniChem Great Business Awards

Field Pharmacy in Deal has been voted overall winner of UniChem's 'Great Business Awards 1999'.

Guests at UniChem's award ceremony at the Birmingham Metropole Hotel heard how Gill and Michael Field had transformed a small and struggling outlet, which barely survived on Essential Small Pharmacies Scheme payments, into a successful business.

Their drive resulted in Field Pharmacy increasing its turnover by 10 per cent and prescriptions by 25

per cent within six months. On an extremely small budget, the couple also organised a refit, attractive window displays and introduced extensive local PR campaigns.

Mr and Mrs Field have won two free places at UniChem's convention in Puerto Rico next September.

Martyn Ward, UniChem's sales and marketing director, said all the awards' candidates had shown an exceptional level of professional and entrepreneurial flair. "There are a terrific number of independent pharmacists who have shown a willingness and enthusiasm to 'push the boundaries' in their efforts to provide the very best and most appropriate service to their community," he said.

The other category winners were:

- **Business Development Award:** Lara Otunla and Georgia Michael of The Old Pharmacy in Wandsworth, south London. The pharmacists recently bought their first business and turned it into an old-fashioned pharmacy on the outside that offered modern treatments and services inside.

- **Building Relationships in the Community:** Martin Merriman of M Merriman

MPS Pharmacy, Corbridge, near Newcastle; for establishing a complementary therapy centre and hay fever relief centre. Mr Merriman also built strong links with the local surgery, GPs, community nurses and school.

- **Promoting the Business:** Andrew Gush of Brackla Pharmacy, Bridgend, Glamorgan; who created a strong identity for his business by using advertising, leaflet drops, illuminated shop-front signs and internally produced PoS material.

- **Healthy Times Readers' Pharmacist:** Sarah Kibble of Combe Martin Pharmacy in Devon. One customer wrote that Ms Kibble had given "kind and highly professional care during a traumatic time".

- **Most Supportive Manufacturer:** Procter & Gamble and Nutricia, by lifting sales in pharmacies' baby care areas through their 'Baby Come Back' category management scheme.

Each category winner received £1,000 towards a holiday of their choice.

Competition judges included Peter Curphey, ex-president of the RPSGB, Neil Williamson, development director



Chris Etherington (centre) presents the Overall Great Business 1999 Award to Gill and Michael Field of Field Pharmacy



Lara Otunla and Georgia Michael received the Award for Business Development from Chris Etherington

of the National Pharmaceutical Association, Alex Grant, managing director of Roche Diagnostics, Ailsa Colquhoun, editor of *Community Pharmacy*, and Peter Skinner, UniChem's marketing controller.

The evening also included a charity auction and raffle, whose proceeds went to the British Diabetic Association.

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Merocaine Lozenges Product Information: Active Ingredients: Cetylpyridinium Chloride 14mg, Benzocaine 10mg **Uses:** Relief of pain and discomfort of throat infections. **Dose:** Adults and children over 12 years One lozenge every 2 hours as needed but no more than 8 in 24 hours **Contraindications:** Hypersensitivity to ingredients. **Use in Pregnancy:** No data on use in pregnancy but cetylpyridinium chloride and benzocaine have been widely used for many years without apparent ill-effects. **Side-effects:** Urticaria and other allergic reactions very rarely, transient burning sensation of mouth rarely; Methaemoglobinemia has been reported with benzocaine **Precautions:** Label states 'If symptoms persist or are severe or are accompanied by fever, headache, nausea and vomiting, consult your doctor' **Licence Holder:** Seton Products Limited, Tubiton House, Oldham, OL1 3HS. **Product Licence Number/Legal Status/Price:** PL 11314/0105, P, RSP £2.45 **Date of Preparation:** September 1999. *Taylor Nelson Sofres Counterpoint MAT March 1999

Free neon green cross for pharmacies

A specialist in retail media and the National Pharmaceutical Association have developed illuminated outdoor signs that display the 'green cross' and can be used to advertise medicines.

Sure Retail Media originally developed the illuminated panels - known as shopfront media - for newsagents and other retailers, but it thought the concept had potential in pharmacies and approached the NPA, which suggested modifications to suit pharmacies.

Both partners hope to display the green cross and ad panel at 8,000 independent and multiple pharmacies throughout next year. Less than 20 per cent of pharmacies currently display the green cross.

The advertising panel will be next to the green cross - both will be

offered free to NPA members. But pharmacists will only be able to display them if they can secure advertising for the ad panel - they cannot display only the green cross.

Crookes Healthcare has been the first to use this method - to advertise Nurofen. The adverts will appear on a number of pharmacies based in the Central TV region at the end of this month (see p17).

SRM said it had other manufacturers lined up, although it was too early to say who these were. The adverts will run on the panels from three months to one year, although the company expects most firms to choose the three-month option because of the seasonality of its products.

Pharmacies are offered a choice of three-year or five-year contracts to dis-

play the signs and are guaranteed incomes of around £550-£850 for a five-year contract, and about £75 for a three-year contract. That is because those on a five-year contract would receive a percentage of the ad revenues incurred, while those on the three-year would only get a flat rental rate.

SRM said most pharmacists would probably take five-year contracts.

Trefor Williams, the NPA's business services manager, said the initiative "is an opportunity for many to promote pharmacy in the High Street and it gives them high visibility signage that they would normally have to buy".

Pharmacies' sales could also benefit, he added, because the brand on the display sign outside would normally be involved in a relatively large advertising/promotional campaign

that would draw customers into the pharmacy.



Crookes will be the first pharmaceutical manufacturer to use 'shopfront media'

Baby product firms stress their ranges are phthalate-free

Manufacturers of baby toys and teethingers are stressing their products are safe, following the European Commission's proposal to ban toys and childcare products that have soft PVC containing phthalates.

Jackel International said all rattles and teethingers in its Tommee Tippee, Winnie the Pooh and Maw ranges are free from PVC and carry labels that say so. The company said it had worked with the Department of Health and the Department of Trade and Industry

ten years ago to find an alternative material to PVC for baby products designed to go on a baby's mouth.

Pharmacists who want more information should contact the company on: 0191 250 1864.

Mapa, which manufactures the NUK baby range, Cannon Avent and MAM, said its products do not contain phthalates and PVC.

The EC wants the ban to be immediate because, it said, the phthalates released when children under three

years old put the toys in the mouth pose a serious health risk.

It also proposes a permanent measure to confirm the ban remains long-term.

Phthalates are chemical substances that are used to soften PVC, but they have been shown to cause liver, kidney and testicular damage. The compound is particularly dangerous for young children who suck and chew dummies, rattles or other toys containing phthalates for a long time.

The EC originally issued a recommendation about the danger of phthalates in July 1, 1998, but the UK was one of several member states that did not restrict the use of the compounds in toys and childcare adults. Eight member states, including Germany, Italy, France and Sweden did impose restrictions after the recommendation.

The EC's current ban was announced on November 10 and is expected to be enforced by the end of next week.

COMING EVENTS

NOVEMBER 23

East Metropolitan Branch, RPSGB, at the Wanstead Library, Wanstead, 7.30 for 8pm.

NOVEMBER 25

West Herts Branch, RPSGB, at the BUPA Hospital, Harpenden, 7.30 for 8pm.
Beds Branch, RPSGB, at Silsoe College, Silsoe, 7.30 for 8pm.

'Pharmacy products lack e-commerce potential,' says report

Pharmacists' products are the least likely to be bought over the internet, according to a new report by economic analyst Business Strategies (BS).

The report, 'E-Tailing: To e or not to e', says other products least suited to e-commerce include fresh fruit and vegetables, impulse or specialist goods, such as hi-fi equipment, and medical services.

E-commerce customers, it adds, will concentrate on music, videos, books, insurance and banking services, travel and entertainment tickets, computer hardware and software.

BS says that shopping in the UK is ready for its "biggest ever shake-up" if, as expected, a mass of consumers obtain access to the internet over the next few years.

By 2004 consumers could be spending £8 billion a year on cybershopping, rising to £50 billion six years later. Another, more conservative estimate suggests that e-tailing will account for £2.4 billion of sales by 2004, rising to nearly £15 billion by 2010.

Four out of five UK homes will be connected to the internet by 2004, which means that the internet should account for 1 per cent of total consumer spending within five years. The US is set to reach this figure this year.

Companies dealing in service sectors, such as banking and holidays, will receive the greatest benefits from

switching to internet trading because they can offer quick delivery and discounts compared to traditional trading.

Meanwhile, Taylor Nelson Sofres suggests that only 3 per cent of small- and medium-sized retailers have 'high priority projects' to begin trading on line. Most retailers, it says, are not taking advantage of the internet even though one third of small and medium-sized retailers have invested in a web site, and more than two-thirds are connected to the internet.

Computer company Compaq, which commissioned TNS' research, said that although 60 per cent of all small businesses see the internet as key to their survival, retailers appear to lack commitment to it.

Most small- and medium-sized UK retailers are more concerned about short-term problems, such as the Year 2000, than with long-term IT strategies.

'E-tailing: To e or not to e', Business Strategies, 192 Vauxhall Bridge Road, London, SW1V 1DX, tel: 0171 630 5959.



The Lord Mayor of Portsmouth and Lady Mayoress visited Graham Tatford & Co's new warehouse in Cosham last week

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Pill slab sells at £53k

Quite a few 'extemp dispense' claims would have to be made to cover the cost of an antique pill slab sold recently at auction - for £53,000.



£53,000-worth of pill slab

on this slab suggest that it was used for practical purposes.

The 12x10.5in slab exceeded its expected selling price of £8,000, after strong competition from European and US bidders. It was eventually sold to a London art dealer.

More of a museum piece than a practical piece of dispensary kit, the "phenomenally rare" heart-shaped Delft pottery slab dates back to 1660. The slab carries the coat of arms of the Worshipful Company of Apothecaries. Oval or octagonal are the more common shapes, and it is unusual for a dealer to see two heart-shaped pieces in a lifetime.

"It is a moot point whether these were used or were trade signs," said Michelle Webb, ceramics valuer at the Taunton art dealers who sold the piece. There have been suggestions that they were given to pharmacists when they were made a fellow of the Royal Pharmaceutical Society, she said. Knife marks



Shahnaz Uddin (second left), proprietor of Akthar Pharmacy in Cricklewood, London, won a marketing audit worth £500 in a CAMRx buying group and Pharmacy Marketing Services competition that was held at Chemex in September. Mrs Uddin is pictured on the day of the audit with (l-r) Cathy Cullinan, sales assistant, R Hindocha, CAMRx managing director, and Ian Glass from Pharmacy Marketing Services

Our Liz knows her man

Having had her constitutional position as head of state in Australia confirmed on the same day as she presented the Rugby World Cup to an avowed republican, our beloved monarch has been meeting Commonwealth heads of state in South Africa. On the way there she stopped off in Ghana where she was greeted by the president, Flight Lieutenant Jerry Rawlings. Despite the military title (and Commonwealth sensitivities about military coups and democracy and all that), we know Jerry must be an OK type of guy. Why? Because his father was a Scottish pharmacist.

APPOINTMENTS

Ian Wright, director of communications for Boots the Chemists, has been elected president of the Institute of Public Relations for 2001 and vice-president for 2000. Mr Wright was spokesman for Liberal Democrat leader Paddy Ashdown at the 1997 General and 1999 European Election campaigns.

Mary Allen, chairperson of the Hospice and Palliative Care Pharmacists Association, has been appointed to the board of the Ian Rennie Hospice at Home.

Pharmacist commended in health awards

Alan Kurtz, proprietor of Fisher's Chemist in South Norwood, has been commended in the Croydon Health Awards for Excellence.

Award winners are nominated by members of the public as people who "deserve special thanks for their efforts over the last year". The person who nominated Alan said, "he can't do enough for you". Alan was also nominated for an award in 1995.

Alan owns two pharmacies in the area, employing 18 people including five full-time pharmacists. The business is successful because it is seen as an integral part of the community, says Alan. "Our philosophy is always to put the customer first, and we've been rewarded for that by the support we've received in the areas for the past 33 years," he adds.

Alan Kurtz (right) receiving his certificate at the Croydon Health Awards for Excellence from Rebecca Sparks, acting chief executive of Croydon Health Authority



Ballymena woman cleans up by quitting

Hilda Crawford from Ballymena in Co Antrim cleaned up all round when she quit her 30-cigarettes-a-day habit. Not only did she win the Quitter of the Year Award, supported by Nicorette and *The Mirror*, she collected £680 winnings on a £40 bet that she would stay off cigarettes for six months.

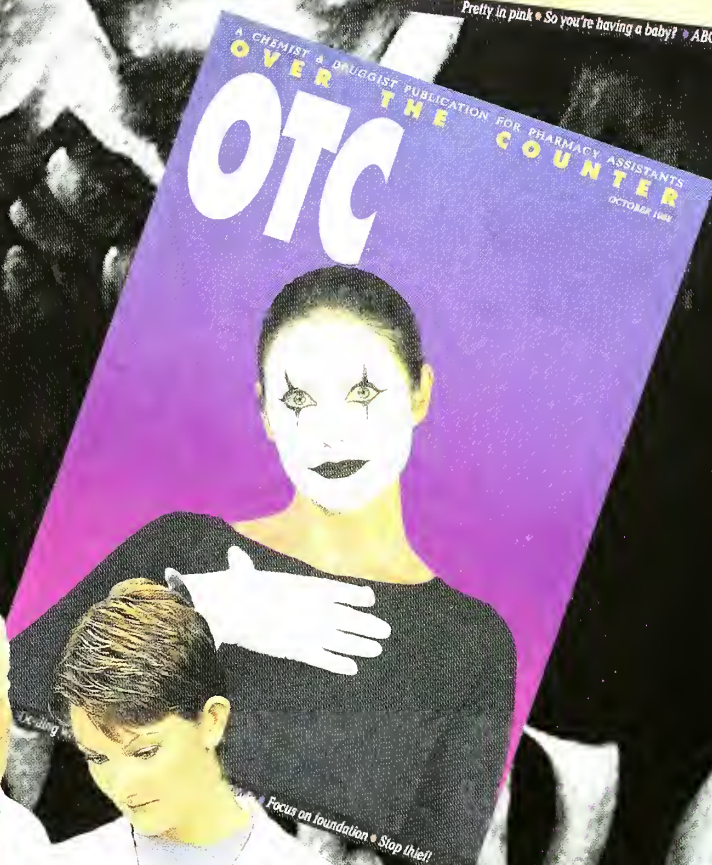
Hilda, 33, started smoking at the age of 12 and by the time she was 15 was spending her school dinner money on cigarettes. At 19 she married David, also a heavy smoker, and continued smoking during her two pregnancies. Hilda decided to stop smoking for financial reasons and told everyone she would quit on December 31, 1996. For Christmas that year her parents bought her nicotine patches.

Showing little faith in her resolve, her boss at the bookmakers gave her 16-1 odds against her staying off cigarettes for six months. Hilda felt confident enough to place a £40 bet and six months later collected £680 winnings.

As winner of the Quitter of the Year award Hilda was presented with a bronze trophy and £2,000 of holiday vouchers.



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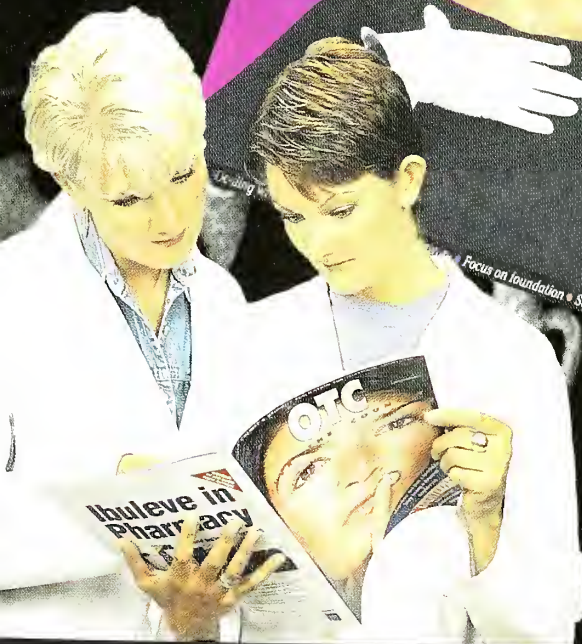


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